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A COURSE OF LECTURES FOR MOTHERS

By T. M. Khanova

- USSR -

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A COURSE OF LECTURES FOR MOTHERS

[Following is the complete translation of the book edited by T. M. Khanova and entitled Kurs Lektsiy dlya Materey (English version above), 3rd Edition, Moscow, 1958, pages 5-111.]

1

IN THE SOVIET UNION THE HEALTH OF MOTHER AND CHILD IS
PROTECTED BY THE STATE

In the 40 years during which the Soviet state has existed, the well-being and cultural level of the popular masses have improved considerably. The appeal issued by the Central Committee of the Communist Party of the Soviet Union to the voters before the elections to the Supreme Soviet USSR (Pravda, 9 November 1958) contains the following statement: "A solicitude for the well-being and flourishing of the Soviet people, for satisfying their growing material and spiritual needs, will continue to determine the chief direction of the activity of the Communist Party and of the Soviet Government. The Party regards this as its basic task, as the import of all its work in implementing the testament of the great Lenin."

Soviet citizens are constantly aware of the Party's great solicitude for the national well-being. The constant improvement in the protection of the workers' health is a striking manifestation of that solicitude.

Great achievements have been reached in the field of public health. The number of diseases is constantly decreasing. Certain diseases have entirely disappeared, while effective means of therapy have been found for many others. Mortality has been reduced in our country, and the longevity of Soviet man has been increased.

Tremendous successes have been achieved in combatting childhood

diseases and child mortality. By 1957, child mortality in the Soviet Union had been reduced 6.1 times relative to the prerevolutionary period, and 4.1 times relative to the prewar year of 1940.

All these successes in our country have been made possible by the fact that the satisfaction of the growing material and spiritual needs of the people have been met by the constant development of the national economy. The construction of housing is constantly expanding; city-planning and landscaping work in populated places are being carried out on a large scale; the state is looking after the health of the population; and a state system for the protection of mothers and children has been in operation.

The protection of mothers and children in its initial stages was organized in the very first days of the Soviet régime. In those days the world's first workers' and peasants' state was faced with very important tasks as regards strengthening our state system and defending the country against enemies. At the same time the Soviet Government waged a decisive struggle for the life and health of children and mothers, which it considered an urgent task, creating a state system for the protection of mothers and children.

Meanwhile, another important problem was attacked: it was necessary that women with families be afforded the possibility of participating in the life of the nation as members in full, equal standing of the new Soviet society.

The Great October Socialist Revolution, at the same time that

it did away with the exploitation of man by man, solved the problem of equal rights for women and equipped them for active state, economic, and social activity.

In 1919, Vladimir Il'ich Lenin said: "We may now say with great pride and with no exaggeration that except for Soviet Russia there is no country in the world where women have full and equal rights, and where woman is not put in a humiliating position — something which is felt with special acuteness in daily family life. This was one of our first and most important tasks. (V. I. Lenin, "The Tasks of the Women's Workers' Movement in the Soviet Republic: A Speech Delivered at the Fourth Citywide Moscow Non-Party Conference of Women Workers on 22 September 1919,"

"Works," 4th Edition, Vol XXX, p 23.)

The equality of women with men in our country is guaranteed by Article 122 of the Soviet Constitution: "In the USSR, women enjoy equal rights with men in all spheres of economic, state, cultural, and socio-political life." The Constitution states that "the possibility of the exercise of these rights by women is ensured by granting to women, on the same footing with men, the right to work, to payment for work, to vacations, to social insurance, and to education; by the state protection of the interests of mother and child; by state aid to mothers with several children, and to husbandless mothers; by the granting of paid vacations to pregnant women; and by the existence of an extensive system of maternity

homes, nurseries, and kindergartens."

Millions of women are participating, on an equal footing with men, in governing the country -- in its life.

At the present time women constitute more than 45 percent of the workers in all branches of the national economy of the USSR, more than half of the specialists with a higher education, and more than one-third of the scientific personnel. At Moscow University, which before the Revolution did not admit women, 51 percent of the students and 40 percent of the instructors and professors are now women. Some three million women are now employed at the scientific, educational, and cultural-educational institutions of the USSR. About 10,000 Soviet women have academic degrees and titles. (V. Bil'shay, "Socialism and the Emancipation of Women," Kommunist, 1958, No 3.)

Women can participate extensively in the industrial and socio-political life of the Soviet state since the prerequisites have been created for the application of their capacities, their working and living conditions are constantly being improved, and the system of children's institutions helping them to rear children is being expanded.

The paid pregnancy and maternity leave established by our laws promotes the strength of the woman's organism and makes it possible for her to devote the necessary time and attention to her newborn. By ukaz of the Supreme Soviet USSR dated 26 March 1956, maternity

leave for female blue- and white-collar workers was increased from 77 to 112 calendar days. This leave is available not only to female blue- and white-collar workers but to females working on kolkhozes as well. Pursuant to the Model Regulations for an 'agricultural artel', maternity leave in the amount of two months is granted to women working on kolkhozes: one month's leave before the birth of the child, and one month after. And many agricultural artel's are increasing the amount of leave in accordance with their economic possibilities. Mothers who are breast-feeding their babies are given time off during the working day to nurse their children, and receive a special allowance.

Soviet legislation prohibits night work or overtime for pregnant women or nursing mothers.

The system of therapeutic and prophylactic facilities for protecting the health of working mothers and their children began to develop in our country after the victory of the Great October Socialist Revolution, and grew along with the expansion of the entire national economy.

In the period before the Great Patriotic War the activity of the children's and women's consultation centers, children's hospitals, sanatoria, and nurseries helped considerably to improve the health of children and their physical and psychological development, in addition to reducing mortality and the incidence of disease.

The treacherous attack by the Fascist hordes on 22 June 1941 disrupted the peaceful life of the nation. But despite the huge difficulties encountered during the war, there was no interruption of the care provided for the health of mothers and children. On 8 July 1944 the Presidium of the Supreme Soviet promulgated the ukaz, "Concerning the Increase in State Aid to Pregnant Women, Mothers of Many Children, and Husbandless Mothers,

Strengthening Maternity and Child Protection, Establishing the Honorary Title 'Heroine-Mother,' and Approving the Decoration 'Maternal Glory' and the Medal 'Maternity Medal.'" (Ukaz of the Presidium of the Supreme Soviet USSR dated 18 August 1944.)

In recent years the Soviet Government has passed several new decrees on the further expansion of children's institutions. In constructing large industrial enterprises provision is also made for the construction of nurseries and kindergartens on a large enough scale that there will be from 12 to 15 beds in these child care institutions for every 100 working women. Space for nurseries and kindergartens is being planned in new residential building having no more than 1,500 square meters of living area.

Today more than a million children are being reared in permanent nurseries. Also, about 2.5 million children are being cared for in seasonal nurseries on kolkhozes. The Directives of the 20th Congress of the CPSU call for an increase of 44 percent

in the number of beds in nurseries. The Soviet Union now has more than 14,000 women's and children's consultation centers. The system of children's sanatoria is being expanded, and the total number of beds now exceeds 106,000. We have established more than 1,200 pioneers' houses, opened hundreds of parks and stadiums for children, together with stations for young engineers and natural scientists.

The tremendous amount of work being done in the Soviet Union for the protection of the health of mother and child serves as an example for the people's democracies.

In every country where the people themselves dispose of their own fate, a great deal of attention is being devoted to the protection of mother and child, and to developing public health as a whole.

In the people's democracies laws have been introduced for the labor protection of working mothers, and extensive networks of nurseries and kindergartens are being established.

As we have already noted, the state system of maternity and child protection was first developed in our country immediately after the proclamation of the Soviet Republic.

By a decree of the Council of People's Commissars in December 1917, a Maternity and Child Protection Department was established in the People's Commissariat of Social Security. Since child mortality in czarist Russia had been huge, the most urgent problem

was that of organizing a struggle for preserving the lives of young children. Broad masses of the population took part in this work.

Worthy of note is the decree promulgated by the Council of People's Commissars on 31 December 1917 and appealing to all of the workers: "...You, working women and citizen-mothers, with your sensitive hearts, bold builders of a new social life; and you, idealistic teachers, pediatricians, and obstetricians: the New Russia now calls upon all of you to put your minds and hearts into the building of a new edifice of social protection for future generations."

The most advanced physicians, together with thousands of working women, contributed their efforts as organizers of maternity and child protection. They established nurseries, kindergartens, etc.

Later on, as the nation's economic situation improved, workers in the field of maternity and child protection expanded their tasks: they endeavored by means of a successful struggle against childhood diseases and child mortality, to create conditions under which the causes of disease in children would disappear.

Today we have a well-organized, single system for protecting the health of mother and child. All of the therapeutic and prophylactic facilities serving women and children are closely associated in their work.

This system includes maternity homes with women's consultation

centers, children's hospitals, children's consultation centers and polyclinics, sanatoria, nurseries, child care homes, and the organization of school pediatricians.

Let us now discuss the work of the individual links in this system for the protection of mother and child.

MATERNITY HOMES WITH WOMEN'S CONSULTATION CENTERS

Care for the mother's health begins long before the birth of the child. Thanks to extensive health education work among the population, every woman knows that on all questions relating to pregnancy and maternity she must have recourse to her local women's consultation center. The majority of women's consultation centers have been combined with maternity homes. This makes for a unified and systematic organization of care for women during pregnancy and labor.

One of the chief tasks of a women's consultation center is to see that pregnant women come to the consultation center for advice and care as early as possible.

By going early to the consultation center, the future mother can from the very outset of her pregnancy take advantage of the doctor's advice as to the proper regimen to be followed at work and at home, the correct diet, etc.

When the future mother comes early to the consultation center the doctor can determine more accurately when the pregnancy

occurred and, consequently, when maternity leave should begin.

In the great majority of cases the pregnancy follows a normal course. But sometimes there are deviations from the norm. In this case the doctor must systematically and thoroughly observe the woman's condition, send her for special examinations, and perhaps even treat her. In certain cases she will be placed in a special section of the maternity home for purposes of care for a complicated pregnancy.

In the course of her visits to the consultation center the future mother learns how she must take care of herself during her pregnancy and after the birth of the child, and receives basic information on caring for the newborn and feeding him. Doctors at consultation centers do a great deal of work by way of eliminating the element of pain from labor. They explain the course of labor to the women, and the latter are made to have confidence in the successful termination of labor.

Maternity schools, where future mothers may attend a course of lectures on these subjects, are organized at consultation centers.

There are also correspondence courses for future and present mothers. The women who enroll in these courses receive from their district doctor a series of printed lectures. They study these lectures at home; and when they visit the doctor, he asks them questions about what they have learned. Correspondence courses are very popular with pregnant women and mothers.

Although today Soviet legislation does not prohibit the performance of abortions in hospitals, the women's consultation centers do a great deal of educational work on the harmfulness of abortions in view of the damage a woman's health may suffer from even the most carefully performed operation.

Shortly before the onset of labor, the consultation center gives the patient an admission card for the maternity home. The basic data on the course of the pregnancy are entered on the admission form.

In recent years the women's consultation centers have expanded their functions. They now provide medical care for gynecological patients (i.e., patients with diseases of the female genital organs).

Many women's consultation centers do a great deal of prophylactic work for the early detection of these diseases. They make systematic examinations of women. This enables them to detect the disease at its very outset and give the necessary treatment in time.

In the maternity home, under hygienic conditions, the parturients are under the observation of qualified medical personnel. Every incoming patient is examined by the doctor. Subsequently, he observes the course of her pregnancy; and in the course of labor she is under the care of a midwife. If the parturient manifests a deviation from normal pregnancy, or if there is any disease, she is under the constant observation

of a doctor. In maternity homes, there is a doctor on duty at all times. Following the birth of the child the mother is placed in the post-partum ward, and the newborn in a special room.

In maternity homes, women are provided with the proper care and diet.

The physicians on the staff of the maternity home talk to the parturients about the hygiene of the post-partum period and the care of newborns.

These subjects are also discussed with relatives in the visitors' room.

Maternity homes devote a great deal of attention to newborns. Spacious wards are set aside for them. These wards are well isolated from the mothers, who are consequently afforded the necessary rest. Newborn children are examined by pediatricians and specially trained nurses. Special rooms staffed by the most skilled personnel are set aside for premature babies and those weakened as a result of injuries sustained at birth.

The conditions created for newborns, the careful attention given to them, the skilled medical care, and the possibility of using all of the latest therapeutic means where necessary, have contributed to the fact that mortality among newborns in Soviet maternity homes has become negligibly low.

The number of beds in urban maternity homes is now large enough so that all those requiring obstetrical care can be readily accommodated.

In rural areas the general hospitals have maternity wards. The care of parturients in these wards is organized in the same manner as in the city maternity homes. Also, there are kolkhoz maternity homes in the rural areas. They are established by a ruling of the kolkhoz management board, and are maintained out of kolkhoz funds. Usually, there are no more than five or six beds in a kolkhoz maternity home.

The kolkhoz maternity homes play a very important role in providing maternity care for female kolkhoz workers, since they are located near to the latter's place of residence and enjoy their confidence.

The midwives on the staff of kolkhoz maternity homes maintain close working contact with the nearest district hospital. If there is some danger that the pregnancy will not follow a normal course, the parturient is sent to the district hospital or to the hospital at the rayon center, where during labor she will be provided with skilled medical care.

The midwives at kolkhoz maternity homes keep a systematic check on the health of pregnant women at the kolkhoz, visit new mothers at their homes, and keep close tab on the health of the infants. These midwives are on the payroll of public health organizations.

THE CHILDREN'S HOSPITAL WITH A CONSULTATION CENTER AND POLYCLINIC

The children's consultation center (consultation-polyclinic

division of a children's hospital) plays the leading role in protecting the health of very young children.

The number of children's consultation centers in prerevolutionary Russia was very small. There were nine of them, all told, and they were maintained out of charity funds. Naturally, these consultation centers were incapable of playing any practical role in reducing the incidence of childhood diseases or child mortality. Real achievements in this area were reached only with the extensive development of these facilities and the establishment of the Soviet system of maternity and child protection.

In the early stages, the functions of the children's consultation centers were limited to instructing the mother in the correct manner of feeding her infant and caring for him. They cared for healthy children only, the sick ones being in the care of the general polyclinic.

Despite their strictly limited functions, the children's consultation centers exerted a noticeable influence on the reduction of child mortality during the first years of their existence. They made for a sharp rise in the level of hygienic education on the part of mothers, helping them to acquire the knowledge required for rearing infants. In later years the functions of the children's consultation centers were expanded. They began to provide care for children up to three years of age, both the healthy and the sick children as well; and they provided

care for sick children at their own homes. Gradually, the children's consultation centers took on all of the functions of a well-organized therapeutic-prophylactic facility.

The number of consultation centers increased from year to year; and they were organized in the most remote corners of the country.

In 1948 and 1949, the hospitals for the adult population were combined with the polyclinics with a view to providing optimum medical care for the public. This reform also affected the system of children's therapeutic-prophylactic facilities.

Every unified children's hospital serves the children of its rayon both as a hospital and as a source of consultation and polyclinic care. The rayon served by a children's hospital is divided into districts. Each district is served by its own district physician for children's diseases (a pediatrician). The physician is assisted by a nurse., who is present in the doctor's office when a child is admitted into the polyclinic, and who visits children at their homes.

Simultaneously with the merger of the hospitals, consultation centers, and polyclinics, a change was effected in the procedure whereby pediatric care is given to children.

Previously, younger and older children had been served by two physicians. A pediatrician cared for children under the age of three years only, while another physician took care of

the older children. Thus a home where children in both age groups were sick at the same time would be visited by two different doctors. Today, however, the district pediatrician takes care of children of all ages in his district; and the children's consultation center and children's polyclinic, which were formerly separate, have been combined and made a part of the unified children's hospital.

As a result of this reorganization, medical care for children has improved.

The district physician assumes responsibility for follow-up on the child's health immediately after the latter is brought back from the maternity home. Within the first few days after the mother's return home, the newborn is examined by the doctor and the visiting nurse. The latter goes to see the child two or three times in the course of the first month, and not less than once a month thereafter. She acquaints the mother with the procedures involved in caring for the child, and with the rules for feeding him. In the course of her first visits the nurse shows the mother how to bathe the child, how to dress him, etc.

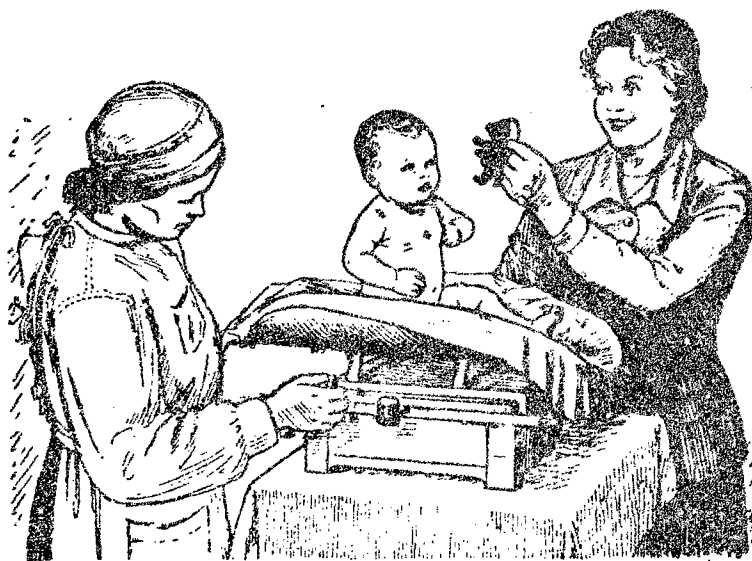
She explains to the mother why she must regularly take a healthy child to the doctor at the consultation center. During its first year, a healthy child should be taken to the center once a month, and during the second and third years, every three months.

If the child is sickly, the mother calls the doctor to the home. Depending upon the nature and seriousness of the illness, the doctor

either sends the child to a hospital, treats him at home, or arranges for him to be treated at a polyclinic. At the latter section there is a special for sick children, isolated from the section for healthy children.

In the consultation-polyclinic division, children are examined by specialists in diseases of the ear, nose, and throat, diseases of the eyes, and other diseases.

In recent years, children's hospitals have been constructed on a large-scale in our country. In the construction of these hospitals, due allowance is made for the latest achievements in the science of pediatrics: provision is made for an adequate number of isolated rooms, in order to prevent the spread of infection from one child to another; there are play rooms for convalescent children, and verandas where children can get plenty of fresh air.



In a Children's Consultation Center

In addition to the physicians at children's hospitals and polyclinics, there are school doctors who look after the health of children in schools and kindergartens. Also, every child who will be six years old by the first day of September in any given year, is given a thorough examination by pediatricians and other specialists at the rayon children's polyclinic five or six months before that date.

Thus the school doctors possess complete information on the health of the children entering the first grade, which is helpful to them in their future observation of the health of the children.

Once every year, with the assistance of specialists, the school doctor examines all of the children at the school. These examinations reveal which children are in need of special observation and treatment: those suffering from rheumatism, various forms of tuberculosis, incorrect posture, or other deviations from normal development.

For purposes of improving the health of these children they are sent to camp schools, sanatoria, sanatorium camps, and undergo therapeutic physical training, etc.

Correct physical education plays an important role in the health of school children. In recent years, physical training and athletics have become very popular in the schools.

Special periods are set aside for physical training. The exercises are performed under the observation of the school doctor,

who prescribes the particular program of exercises to be followed by the student in accordance with the state of his health and physical development.

The great majority of students meet the requirements for the BGTO [Be Ready for Labor and Defense] and GTO [Be Ready for Defense] Norms of Category I and Category II. Many of them take part in athletics, including ski-jumping, cross country racing, etc.

Every year millions of children are sent to camps located in the best areas of the Soviet Union, where they spend their vacations under the supervision of doctors and teachers.

Everyone has heard of the beautiful "Artek" Pioneer Camp located on the shore of the Black Sea. It has served as a model for the organization of many Pioneer camps in several Soviet republics and in the people's democracies.

for children

In rural areas, medical care is primarily handled by the medical workers of the general system of medical facilities.

At each rayon center there is a special children's hospital or children's division in a general hospital. A pediatrician works in the hospital proper, and in the children's consultation center and polyclinic. He keeps a check on the health of the children and treats those living in the rayon center who are ill. Also, he visits the nearby sel'dshersko-akusherskiye stations [stations staffed by a doctor's assistant and/or midwife] for purposes of consultation.

In rural areas and villages located far from a rayon center,

pediatric care is handled by medical workers from district hospitals or fel'dshersko-akusherskiye stations, and by midwives at maternity homes.

In those cases where the diagnosis of a child's illness is difficult, or when complex treatment is required, and is not available locally, the patient is sent to the hospital at the rayon center, or perhaps to the oblast hospital.

NURSERIES

Nurseries occupy an important place in the system of children's therapeutic and prophylactic facilities. They help working mothers in the rearing of their children. With her child placed in a nursery, the mother can feel free of any anxiety about him as she works in industry, in some educational or scientific institution, on a kolkhoz, or on a sovkhos, and participates in social life. At the same time the nursery is a therapeutic and prophylactic facility where the child is provided with the correct education and hygienic training.

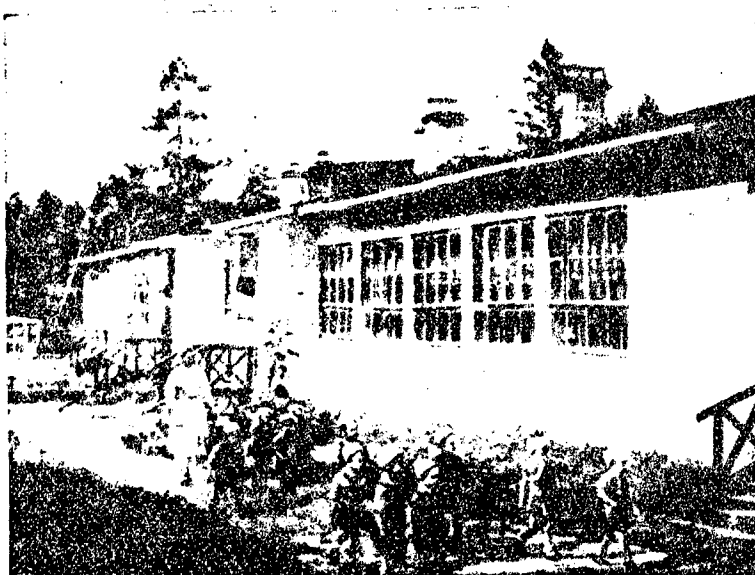
The great majority of nurseries are intended to accomodate children during the daytime. But there are also nurseries, or sections within nurseries, where children are kept on a full-time basis and taken home by their parents only on the latter's days off. These nurseries take care of the children of mothers whose work involves different shifts, or who live far from the nursery.

It is the task of workers on the staffs of nurseries to rear children who are healthy, well developed both physically and mentally, and capable of resisting various unfavorable external conditions. With a view to ensuring the child's normal development, a favorable hygienic situation is established at the nursery, and the correct schedule is set up in accordance with the child's age; also, he is given the proper diet, and the proper educational work is done.

Each new arrival at the nursery is the subject of particular attention. Children accustomed to a particular schedule at home prior to entering the nursery do not always adjust easily to the new conditions. Adjustment is easiest for children four to five months old. Children older than this, having already acquired certain habits, find it more difficult to adjust to their life in the nursery. Adjustment is especially difficult in the case of children whose home life was incorrectly organized and differed sharply from the schedule at the nursery.

In order that the child may more rapidly and easily adjust to the schedule at the nursery, the nurse in charge of his group, or perhaps a visiting nurse, pays a call on the family and helps the mother to bring the child's home life into alignment with the schedule at the nursery. It is advisable that mothers planning to place their children in a nursery acquaint themselves beforehand with the schedule at the nursery and try to set up a similar

schedule at home. If this is done, the child will make a painless adjustment to the new conditions at the nursery.



The Nursery of Sovkhoz Gorki II in the Moskovskaya Oblast

For purposes of optimum care, children in nurseries are divided into age groups. There are groups for infants in arms, children at the creeping age, and older children. Small nurseries have mixed groups for children of different ages.

Each group is in charge of a nurse-teacher and a nurse's aid.

The nurse is responsible for instructing the children and seeing to their medical care. She is assisted by the nurse's aid.

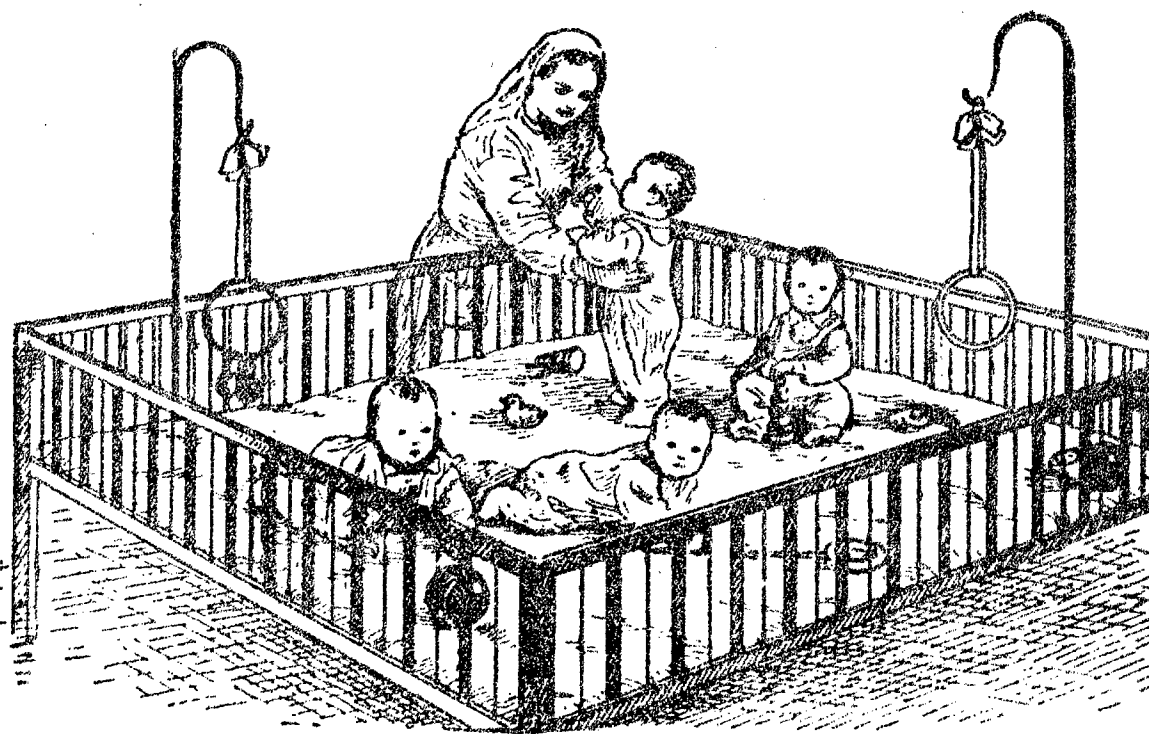
All therapeutic and prophylactic work at the nursery is the responsibility of the doctor.

For purposes of training the children correctly, each group has a rigid schedule corresponding to the age of the children.

The schedule establishes the times when the children should be sleeping, when they should be awake, and when they should be fed. The periods for sleeping, being awake, and feeding should be correctly alternated. Adherence to the schedule makes for a feeling of well-being and a lively and happy mood on the part of the child.

It is a special responsibility of workers at nurseries to see that children sleep well and soundly. At night a child will always go to sleep rather easily; but for naps it is necessary to create the appropriate conditions. Children are ~~often~~ sometimes rocked to sleep at home. This is bad for the child: he becomes accustomed to the rocking and cannot go to sleep without it. At nurseries a different and more correct method is used to induce sleep in children: they are taken out into the fresh air on a veranda, balcony, or open space. (Warm sleeping bags are used in the winter.) There they go to sleep immediately. In the fresh air, children sleep long and soundly. If for some reason it is not feasible to put them out in the fresh air, they are put into a room with an open window and well covered. Fresh air not only helps children to go to sleep rapidly but is also good for their health.

At nurseries special attention is devoted to organizing the waking hours of the children. During this time the very young children are placed in a play-pen where they are free to move about, ^{and} sit down, stand up, hanging onto the railing. When the children



Children in a Play-Pen

are in a play-pen rather than in cribs, the nurse can devote more attention to each child. She can talk with one, help another to stand up, push a toy toward a third, etc. As a result of their socializing with adults and with one another, the children become happier, more lively, and more cheerful.

For children between the ages of seven and nine months one can fence off a part of the room. Here the children can play, crawl about freely and, by hanging onto the railing, begin to take one

step at a time and thus learn to walk.

Little slopes, ladders, and slides can be built in the room for the older children in order to develop their capacity for motion.

One of the most important tasks of a nursery is to organize the correct diet for the children.

Workers at nurseries strive to see that children under the age of five months get only breast milk, and that the mother does not wean the child until it is eleven or twelve months old. Mothers are informed that it is bad to wean a child under the age of five months. In certain cases, by agreement with the management of enterprises and with factory-and-plant committees, mothers coming to the nursery to breast-feed their children are given breakfast

If the mother does not have enough milk, the child is given additional breast milk obtained from a mother who has more than her child needs. In order to ascertain whether the child is actually not getting enough milk from his mother, he is weighed before and after breast-feeding. Children aged five or five and one-half months are usually given additional food prescribed by the doctor.

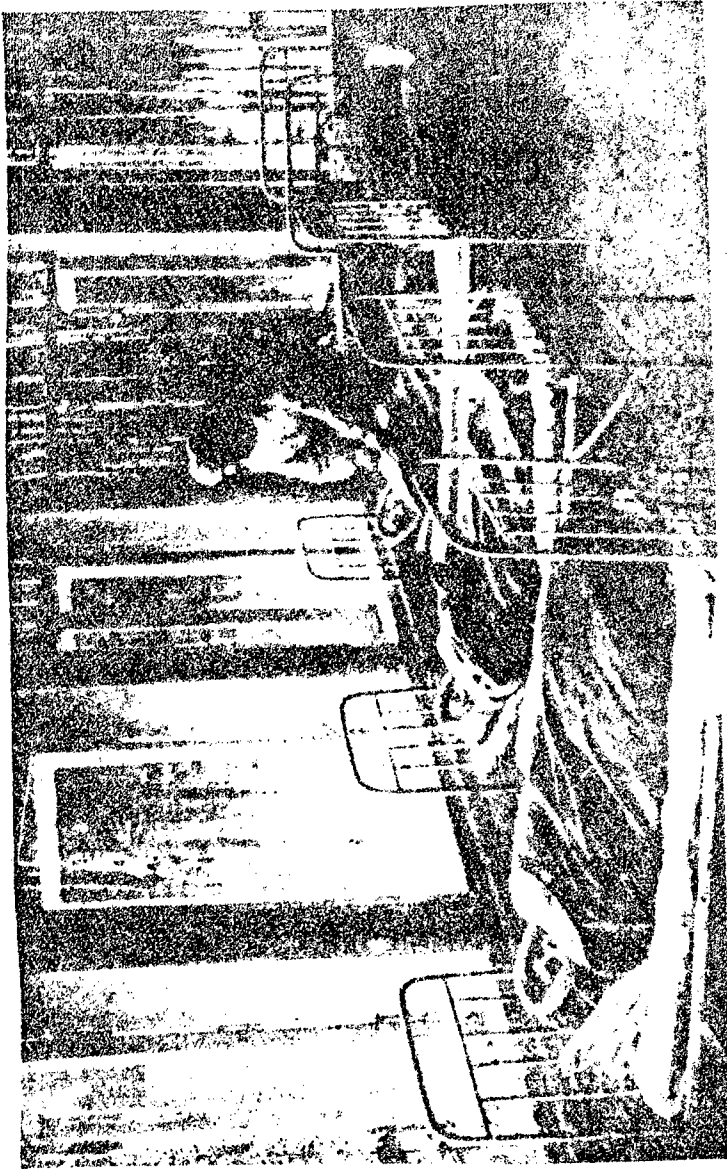
Children between the ages of one and three years get their breakfast, lunch, and an afternoon snack at the nursery. If on a full-time basis, they also get an evening meal. Their diet includes all varieties of fruits and vegetables beneficial to their health. Beginning at eighteen months, children are taught to eat by

themselves; and by the age of three they can use a spoon, fork, and napkin.

In nurseries, great emphasis is placed on strengthening the health of the child by means of conditioning.

As already noted, the children sleep in the fresh air or in rooms with open windows. Sleep in the open air is especially valuable for very small children (up to eighteen months), since taking them for a stroll outdoors presents considerable difficulties. Older children are taken for a stroll once or twice a day, in addition to sleeping in the open air. In the summer the children at the nursery are usually taken to the country. Many nurseries have their own specially-constructed buildings in the countryside. All of the necessary conditions for the proper ~~and~~ training of the children, and for improving their health, are provided for there.

Nursery school workers endeavor to take advantage of the spring and summer weather to strengthen the health of those children remaining in the city. During these periods the schedule at the nursery is reorganized so that the children can spend all of their time in the open air (in the yard or in a park) taking sun-baths, air-baths, and baths in the water.



Children Sleeping on a Verande in the winter

The summer schedule followed by nurseries helps to condition the children and increase their resistance to illness.

Another very important task of the nursery schools is to prevent the spread of infectious diseases among children. It is a familiar fact that infectious childhood diseases are very easily spread. Thus if one child in an apartment building gets the measles, the infection may very well spread to every other child in the building who has not had the measles before, unless they are inoculated. Healthy children can easily become infected simply by meeting an infected child on the street.

Measures are taken at nurseries to prevent the spread of

infectious diseases among the children.

Every day, when the children are brought to the nursery, they are carefully examined and the mother is questioned about their health. At regular intervals, mothers are given talks stressing the importance of immediately informing the nursery school of every case of an infectious disease in the family, or in the apartment building where the child lives. These measures make it possible to detect infectious diseases in children very early.

For children who have been exposed to infection, the nursery sets up so-called "quarantine groups" -- one for each disease in question. The children remain in these groups until the end of that period during which they might contract the disease or infect others.

Separate groups are also set up for children with whooping cough, chickenpox, or mumps. Since these diseases are contagious, the groups are completely isolated from the healthy children.

For children with non-contagious diseases there are special sections in which they are isolated. Children with infections of the upper respiratory tract, simple dyspepsia (diarrhea), or diseases of the eyes or skin are put into these sections. It is in the interests of the mother and child both, that they be kept there. While in such a section the children are under the constant observation of medical personnel. They receive the necessary medical attention and hygienic care, and consequently recover more

rapidly than they would at home. Meanwhile, the mother can continue with her own work.

Public opinion as expressed through the councils of cooperation is very helpful in organizing the correct functioning of nurseries. The council of cooperation has as its members the head of the nursery schools, the doctor, a representative of the plant committee (for nurseries serving an industrial enterprise), of the sovkhos, or of the kolkhoz board of management (in rural areas). Parents take an active part in the work of all nursery school councils.

Councils of cooperation not only exercise public supervision over the work of nursery schools but also lend their assistance in various jobs of management -- especially in the matter of building repair.

The work of the nursery school staff is considerably lightened if good relations are maintained with the mothers. If the mother is familiar with the way of life at the nursery she will cheerfully comply with the requests of the doctor, the teacher, and the nurse-instructor, and will try to harmonize the child's home training with the schedule at the nursery.

Nursery schools have become very widespread not only in urban areas but also in the country. Sovkhozes and some kolkhozes have nurseries which are open the year round. Their schedules are organized in the same manner as in the city nursery schools.

In addition to permanent nurseries, some kolkhozes have seasonal nursery schools which are in operation during the period of most intensive agricultural work.

The kolkhoz board of management allocates funds for the operation of the nursery. In the seasonal nursery schools the children are in charge of a kolkhoz worker who has taken a special short course as a nurse-instructor. Medical workers from the nearest district hospital are responsible for the health of the children and the hygienic state of the building and the area surrounding it.

Many kolkhozes erect special buildings for nurseries, provide them with good equipment, and assign the necessary number of workers to take care of the children. Nurseries of this kind have earned a well-deserved popularity among kolkhoz mothers.

In addition to nursery schools, the public health system includes full-time boarding schools, called children's homes, for the care of young children. They take in orphans, children

whose mothers are ill, or who are temporarily in a difficult financial position. At these institutions the rearing of the children is entrusted to the most experienced personnel. As a rule, children remain in these children's homes only for a limited period of time: until the mother's health has improved, or until her financial situation has changed for the better.

Our pediatric science -- the science of the health of

children -- plays an important role in the struggle for the life and health of the rising generation.

Soviet pediatrics studies not only the sick child but the healthy child as well. That is, it studies the physical and neuropsychic development of children, various methods of preventing disease, and problems of the optimum organization of various child care institutions (nurseries, children's homes, sanatoria).

The Soviet pediatrician considers himself responsible for the child's development into a healthy and strong adult.

Our pediatric science seeks to develop means not only for the treatment of disease but also for its prevention -- in which respect it reflects the preventive trend in Soviet public health as a whole.

For several diseases which formerly caused the death of many children -- tuberculosis, tubercular meningitis, dysentery -- therapeutic means have now been found which enable physicians to save many thousands of children's lives.

In our country the Communist Party and the Soviet Government place a tremendous emphasis on science, including pediatrics. This guarantees the successful solution of the problems incumbent upon Soviet pediatric science, which strives for a further improvement in the health of the children of our country.

Second Lecture

Particularities in the Development of the Very Young Child (Care and Feeding)

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From the moment of their birth, the children of our country are the subject of a great deal of attention. Every mother, at first in the maternity home and subsequently at the children's consultation center, receives advice and instructions on rearing her child and taking care of him, and on the prevention and treatment of disease. The Soviet state makes generous appropriations for measures promoting the health of children: for their normal growth and development. But these measures are most effective only in those cases where the mother possesses the requisite knowledge, comes to the doctor in plenty of time, and follows his instructions accurately.

The growth of a human being continues over a period of from 20 to 22 years; but a child grows and develops with especially great rapidity during the first year of its life.

The great Russian scientist, I. P. Pavlov, showed that in the development of the human organism, great importance attaches to the external environment; i.e., to the conditions under which the organism grows and develops.

The growth and development of the child follow a normal course only when the child is correctly trained and properly cared for. It is essential to create for the child those conditions which are most favorable for the preservation and strengthening of his health: for his normal growth and development.

THE DEVELOPMENT OF THE CHILD IN THE FIRST YEARS OF HIS LIFE

The nervous system and the sense organs. The activity of the entire human organism and its individual organs is controlled and regulated by the central nervous system; i.e., by the cerebrum and the spinal cord. Through the nerves, the central nervous system is connected with all of the internal organs, glands, and muscles, and combines them into a single whole. Moreover, it is through the nervous system that the organism maintains constant contact with its external environment.

The central nervous system reacts to all stimuli originating from the external environment or from the internal organs. Stimuli (impressions) from the external environment are received through the sense organs. Special investigations have shown that as early as the second month the child distinguishes among sounds, sweet, salty, and bitter tastes, and certain smells. In the third or fourth month he can distinguish colors and even the faces of those whom he

sees often (e.g., his mother).

The development of the child depends to a considerable extent upon the conditions under which he is reared. If the child lives in the absence of impressions -- if he does not have a situation facilitating the development of his movements and capacity for speech -- he will begin to walk and talk later than he otherwise would.

At the age of one month to six weeks, children can already concentrate their attention for a certain length of time on a large, brightly-colored object. They begin to hold up their heads, and they begin to smile.

At the age of two months a child can raise his head while lying on his stomach; and while lying on his back he can follow with his eyes the movement of an object, turning his head to do so. At this same ^{time} one can observe a definite responsive reaction in the child. When someone plays with him, smiles at him, or talks to him, he smiles and begins to grow.

The child three months old can already turn his head in response to a sound. While lying on his stomach, propped up on his elbows, he can raise his head and the upper part of his torso. He can turn over from his back onto his side, and he laughs loudly. This is the age when tuneless growing begins.

At four months the child can usually sit up, if he is supported. While lying on his stomach he can raise himself freely.

using his elbows. He can turn over from his back onto his stomach. He grasps and holds on to objects; he expresses satisfaction and dissatisfaction. His babbling becomes prolonged, and the guttural sounds make their appearance.

At five months the child sits up easily by means of hanging on to something. If supported, he can stand straight without bending his neck. He recognizes his mother immediately, and confidently takes hold of various objects.

At six months he can hold objects in his hands for a considerable time, and can turn over from his stomach onto his back. He makes his first attempts to crawl on all fours. At six or seven months a child can already sit up by himself. It is in this period that he first begins to utter syllables; e.g., "ba" and "ma."

At seven months the child can put the bottle into his mouth by himself; raise himself to his knees, by hanging on to the crib; and deliberately move in the direction of his mother, or someone near to him. He is now pronouncing the repeated syllables "ba-ba-ba," "ma-ma-ma," etc.

At eight months the child can sit down by himself. He can stand up and remain standing by holding on to something; and he will use his eyes to look for an object whose name has been spoken to him.

At nine months he can creep very well. He begins to walk hanging on to a little wagon /katalka/ if supported; and he picks up small objects with his fingers.

At ten months the child can already stand for a little while without support, and can get to his feet unassisted. He walks easily when hanging on to a little wagon or chair. He utters his first, simple words, and uses consistently a monosyllabic name for one object or another; e.g., "av" for 'dog' and "mo" for 'cow.' He distinguishes between a harsh and gentle tone of voice.

At 11 or 12 months many children begin to walk unassisted, though not with confidence. They bend over and pick up objects.

Early in their second year, children can follow simple instructions (e.g., "Pick up the ~~xxx~~ toy" or "Close the door"), point out parts of their body, and learn habits of cleanliness (e.g., ask to be taken to the toilet).

By the age of 18 months the child's movements become more confident, and he is more agile. He runs, climbs steps, plays easily with other children, and ~~begins~~ begins to utter sentences consisting of two or three words.

Between the ages of two and three years the child is able to recognize objects in pictures, takes an interest in his surroundings, asks many questions, and memorizes verses. It is during this period that certain traits of his character begin to form.

Retarded development of movement and speech in a healthy child is usually the result of incorrect training -- a result of the fact that he has been growing up in circumstances unfavorable

to his normal development.

Beginning in the first weeks of his life, the child be afforded the possibility of moving about as much as possible. During his waking hours he should be dressed in such a way that his arms and legs are free. "Creepers," a kind of garment with trouser legs sewn together at the bottom, are very convenient for children more than two months old. In such a garment the child is warm, yet at the same time his movements are not restricted.



A Child of Three to Four Months in "Creepers"

It is important that the edge of the child's crib be such that he can grasp it easily. This facilitates his first attempts at standing up.

Children who are learning to walk should be provided with a chair or little wagon. By means of hanging on to it, they can move along.

Exercises are very important in the early development of

movements. However, a child must not be made to sit down or stand up on his feet when he is still small and has not made any attempt to do this on his own.

Weight and Growth. The normal weight of a fully-developed infant at birth is between 3,200 and 3,500 grams, but it may vary within rather wide limits; viz., from 2,900 to 4,500 grams. Weight below 2,500 grams, with a body length less than 45 or 46 centimeters, is characteristic of premature babies.

During the first four to five days, newborns usually lose from 150 to 200 grams. Then they begin to gain again, so that by the tenth or twelfth day their weight is back to what it was originally. Loss of weight during the first few days of life is usually not associated with any sickness on the part of the child. It is due to a number of factors: during the first few days the mother does not have enough milk; the child is not yet sucking actively enough; and part of the weight loss must be attributed to the accumulated meconium and urine's being discharged.

If the child loses more than 200 grams, or if he does not recover his original weight in the normal length of time, it is an indication that something is wrong: either the child is weak and does not suck well, or the mother has insufficient milk.

The child doubles his original weight in five or six months, and triples it by the end of his first year. The average gain in weight during the first six months is 600 to 700 grams per month,

for the next six months is 500 to 600 grams. Therefore, in order to know what the child should weight during the first half-year of his life one should multiply 600 by the number of months, and add the result to his weight at birth. (For the second half-year, one multiplies 500 by the number of months.) For example, a child who weighed 3,500 grams at birth should at the end of five months weigh 600 grams times 5 plus 3,500 grams, or 6,500 grams.

During the second year of his life the child's weight increases much more slowly, the gain for the whole year amounting to only about 2,500 grams. For the next four years, until age six, his average annual gain is from 1,500 to 2,000 grams.

By his fifth year the child has doubled the weight he had at the end of the first year, and weighs about 20 kilograms.

A normal weight increase is one of the best criteria of normal development in a child. Therefore it is essential frequently and regularly to weigh the child, making systematic visits to the consultation center for this purpose. For a child under the age of three months, this should be done twice weekly; and from then until the end of his first year, no less frequently than once per month.

Some mothers have a child weighed only where they notice clear indications of his growing thin. This is wrong, since in such cases it is considerably harder to ascertain the causes of the retarded development or loss in weight.

The body length of a newborn and fully developed baby varies from 48 to 52 centimeters. During the first six months the child's height increases by about 15 centimeters, and during the second six months by about 10 centimeters. Subsequently his height, like his weight, increases more slowly. During his second year a child grows only about 10 to 12 centimeters, and during his third year only about seven centimeters. During the fourth and fifth years the increase in height is even slower. During the sixth and seventh years it is about eight to ten centimeters. A child who is developing normally has a well developed musculature and panniculus adiposus, with the result that his arms and legs are plump and the tissue has a certain resilience.

The skin. The skin of a newborn or an infant in arms is pink, tender, and satiny. Its outer (horny) layer is not yet fully developed, and is very thin, so that it defurfurates easily and microbes can very easily penetrate through superficial lesions to the skin.

The skin protects the inner organs against damage in the event of bumps, jolts, etc. But its role in the vital activity of the human organism is not limited to this. In the skin are located the nerve endings, through which we perceive sensations of touch, pain, and temperature. The skin participates in the respiratory process: through it are excreted carbon dioxide and water. In the skin are many tiny blood vessels. When the temperature

of the air rises, they expand and more blood flows through them, so that the skin gives off more heat into the air. When the air temperature around us is cooler, the blood vessels in the skin contract and the body gives off less heat. Thus in humans the heat exchange sometimes increases and sometimes decreases. This helps the organism always to preserve a constant body temperature, whether in the hot summer in the south or the cold winter in the north. From the above it is clear that a baby's skin must be kept in good condition, and this demands correct care. The proper care of the skin will be discussed later.

The bones. The bones of a newborn or very young infant have a different structure than do those of an adult. The bony tissue contains few salts and is therefore relatively soft and pliant, somewhat resembling cartilaginous tissue. Tight-fitting and tightly-laced clothing, tightly wrapped blankets — anything that exerts a pressure on the soft bones of the child — may cause their curvature or improper development. It is important to make sure that the position in which the child is held is the right one: he should not always be carried in the same arm. In bed, he should not always be placed on his back or on one particular side. It is important to see that older children are properly placed on the stool, etc.

It is not until the fourth year that a child's bone structure begins to resemble that of an adult; and even in the fifth and sixth

years the spinal column remains relatively soft. A child's chest does not assume the form of an adult's chest until he is 12 or 13 years old.

For the most part, the cranial bones of a newborn are not actually joined but merely connected by a soft membrane. They usually accrete by the end of two or three months. If one feels the head of a young infant one can notice between the frontal and parietal bones an area where the bones do not come together, but are merely connected by a membrane in the form of a rhombus. This is the so-called great fontanelle. The fontanelle is gradually filled in with bone, and when the child is 15 months old it is completely covered. If the fontanelle is covered over in a normal length of time it means that the ossification of the whole skeleton is proceeding normally. On the other hand, delayed closure of the fontanelle is most frequently found in cases of rickets.

The teeth. A healthy, normally developing child gets his first teeth at the age of six or seven months. Usually these are the two front lower incisors. In the course of the next six or eight weeks he gets his two front upper incisors, and immediately thereafter his two lateral upper incisors. At the age of 10 or 11 months he gets his two lateral lower incisors, so that by the age of one year the child usually has eight teeth, all of them incisors. The remaining 12 milk teeth come during the second year, so that by the time he is two the child should have all 20 milk teeth.

Children do not always cut all of their milk teeth at the precise times indicated above: slight deviations from these times may appear in perfectly healthy children. But a considerable delay in cutting teeth, or an irregularity in their order, indicates that the child's organism is not entirely normal. Most frequently this is an indication of rickets.

There are many prejudices associated with the cutting of teeth. Some mothers are inclined to attribute all of a child's indispositions, from the age of four months on, to his teeth. Actually, however, cutting teeth is a normal process, and the manifestations of ill temper which may be observed at this time are usually due to other causes. One should never complacently accept a child's illness as due to "his teeth." This kind of self-delusion can sometimes cause one to overlook a serious illness, so that the child is not taken to the doctor in time.

In order to find out how many teeth a child should have when he is less than two years old one subtracts four from his months of age.

For example, a child 15 months old should have 11 teeth (15 minus 4 equals 11).

At age five to seven, the child's regular teeth begin to replace his milk teeth.

Beginning at age three, the child should be taught to brush his teeth regularly before going to bed. Children should be

1
taken to the dentist regularly in order to have the condition of their teeth checked and to have any necessary dental work done promptly. The proper mastication of food and the proper functioning of the digestive organs depend upon the condition of the teeth.

The organs of digestion. During the first three months of a child's life the mucous membrane of his mouth is rather dry, owing to an inadequate secretion of saliva. A child's salivary glands begin to function normally at the age of three to four months, at which time they usually secrete abundant saliva.

The stomach and intestine of a very young infant are adapted to the digestion of that food which is natural for him; viz., breast milk. Beginning in the seventh month, the digestive organs acquire the capacity to digest and assimilate cow's milk and other kinds of food.

When a child is being given breast milk he usually has three or four bowel movements a day. The stool is yellowish in color, and has a sour smell. Gradually, the bowel movements decrease in frequency, and during the period from seven months to one year they occur once or twice a day.

When the child is being given cow's milk the stool is thicker and of a darker color.

The respiratory organs. At the moment of birth, the child's respiratory organs are not yet fully developed. All of the tracts through which the outside air reaches the lungs -- the nose, the

larynx, and the bronchi — are still very narrow. When the child has a cold or bronchitis his mucous membranes swell, the opening in the respiratory tracts becomes even smaller, and not enough air reaches the lungs, so that the child has difficulty in breathing, and does not nurse well.

Nor are a young infant's lungs fully developed. The amount of air reaching the lungs at inspiration is insufficient, and the child makes up for this by breathing more rapidly. Newborns breathe from 40 to 50 times a minute, as compared to 16 or 18 times for an adult. As the child grows and his chest and lungs develop, he begins to breathe more deeply and less frequently. By the end of the first year the number of breathes has dropped to 30 per minute, and by five years it has dropped to 25. At 15 years of age a child breathes 20 times a minute.

The circulatory organs. These organs, like the others, continue to develop in the child after his birth. During the first year the size of the heart increases rapidly: by eight months its weight has been doubled, and by the fifth year its size has been quadrupled. Between birth and puberty the size of the heart increases almost twelvefold.

A child's blood vessels are relatively bigger than those of an adult.

The cardiovascular system. The intra-uterine functioning of the child's cardiovascular system begins earlier than that of the

other systems, so that by the time of birth it is more developed. A child's heart contracts more frequently than that of an adult. The frequency of the heartbeat can be determined from the frequency of the pulse. The heart of a newborn beats from 120 to 140 times per minute; from age one to age two it beats from 90 to 120 times; from three to five, 72 to 110 times; from six to seven, 70 to 100 times, and by the age of ten, 90 times per minute. The pulse frequency in a small child varies within wide limits. Anxiety, crying, nursing, or even a slight rise in temperature will easily cause the pulse to quicken.

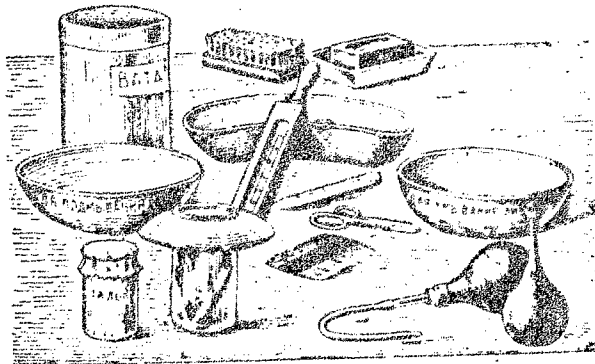
Constant conditioning in the form of games and running will strengthen the heart muscles and facilitate the proper development of the cardiovascular system and a good circulation of the blood. However, despite the great sturdiness of a child's heart, it is essential to arrange his schedule so that active games are alternated with quiet ones, and physical training alternated with rest, so that over-exertion of the heart is avoided.

Proper diet and a sufficiency of fresh air and sunlight have a favorable influence on the development of the child's cardiovascular system. In order to preserve the health of the heart it is extremely important that the child be protected against infectious diseases.

THE CARE OF THE CHILD

In organizing the care and regimen (schedule) for the child

it is important to keep in mind the above particularities in his development.



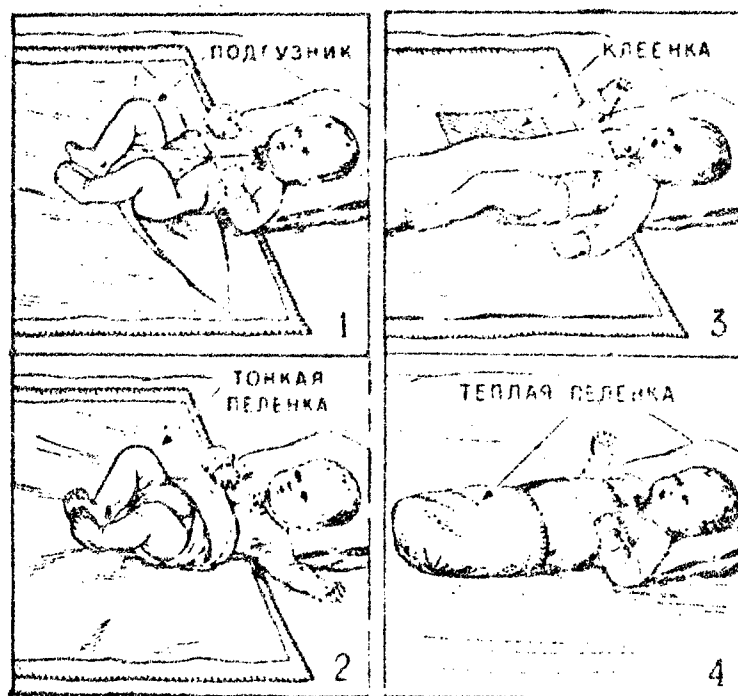
Objects Used in Caring for a Child

First of all it is essential to see that the conditions are hygienic.

The child's room should contain no unnecessary objects on which dust can settle. The floor and furniture should be wiped clean with a damp cloth every day. One should not smoke or prepare food in his room, nor should clothing be washed, cleaned, or ironed there. Food and food products should be kept in a covered place so that flies cannot settle on them. Used dishes should be removed immediately after eating so that there will be nothing in the room to attract flies.

The room should be thoroughly aired. To this end, the casement window should be opened several times a day in the winter, and in the summer all windows should be left open throughout the

day. In order to prevent flies from coming in, the windows should be covered by screens or fine gauze.

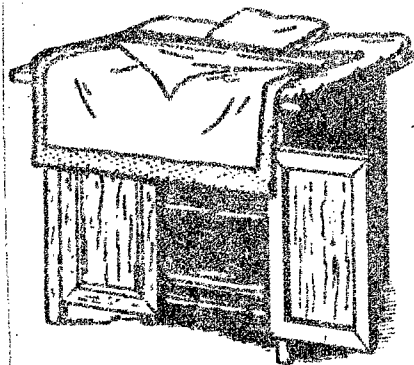


Swaddling-Clothes

The child should have his own bed, which should be placed in a well-lighted part of the room but as far as possible from the stove or radiator. The bed should be wiped with a damp cloth once a day, and the mattress, pillow, and bedding should be removed and aired every day. The mattress and pillow should not be too soft. It is best to use a mattress stuffed with horsehair, seaweed, or hay. The bed should not be curtained off, since this keeps out the air.

When the child has begun to raise himself up and creep, the

crib may be used as a play-pen. This is done by replacing the mattress with a piece of plywood of the same size as the crib, and covering it with a blanket and a piece of oil-cloth. Laces are sewn on to the oil-cloth so that it can be fastened to the crib and will not slide out of place. In such a crib the child can play freely during his waking hours.



Diaper Stand

For purposes of dressing the child it is convenient to have a small stand with drawers in it placed next to the crib. If the mother uses this kind of stand for dressing the child she will not have to bend over, which is very tiring. The upper drawer is used for keeping fresh diapers, and the lower drawer for the clothing worn by the baby when he is taken outside. If no such stand is available, the diaper-changing is done in the crib (lowering one side for that purpose) or on the mother's bed, and the fresh diapers are kept in a specially designated place (a trunk or dresser drawer).

In addition to the place where the baby's diapers are changed, there should be available a medicine cabinet or shelf for keeping pieces of absorbent cotton, baby oil, baby soap, a thermometer for testing water, and other objects used in baby care. If at all possible, the dirty diapers should not be kept in the child's room; and they should be laundered separately from the adults' linen.

Care of the skin. As has been noted, the skin plays a very important role in the vital activity of the human organism. A baby's skin is especially tender and easily susceptible to intertrigo and infections, which make the child irritable, prevent him from sleeping well, and interfere with his normal development. Also, microbes can easily penetrate through the epidermis into the organism. Therefore it is very important to see that the baby's skin is always clean and healthy.

It must be borne in mind that a baby's skin is very tender and easily broken. Therefore, the mother and all other persons taking care of the baby must cut their fingernails short; and they must carefully wash their hands before handling the child.

Only fabrics which are soft, moisture-absorbent, and easily washed should be used for diapers or for a baby's other clothing. Clothing used for a baby should have no heavy seams or hems, and the laces should be soft.

The baby's fingernails should be cut short; otherwise he may scratch himself.



Washing the Hands before Feeding the Baby

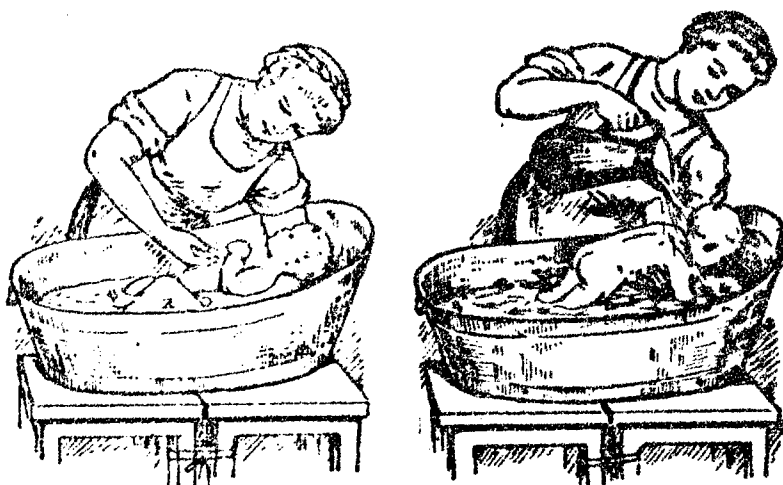
In order to avoid chafing, the baby's diapers should be changed whenever they have been wetted. After each bowel movement the baby should be washed in warm water and the folds of the skin should be rubbed with vaseline or boiled vegetable oil.

It is very important to bathe the child thoroughly. A baby gets his first bath after the removal of the umbilical cord. Until the navel is completely healed, he is bathed in boiled water. During the first six months he is bathed daily. During the next six months he can be bathed every other day. Children older than one year can be bathed once or twice a week. For bathing, one uses a zinc-lined tub or basin which must be thoroughly scrubbed with soap and brush before each bath. The temperature of the bath water

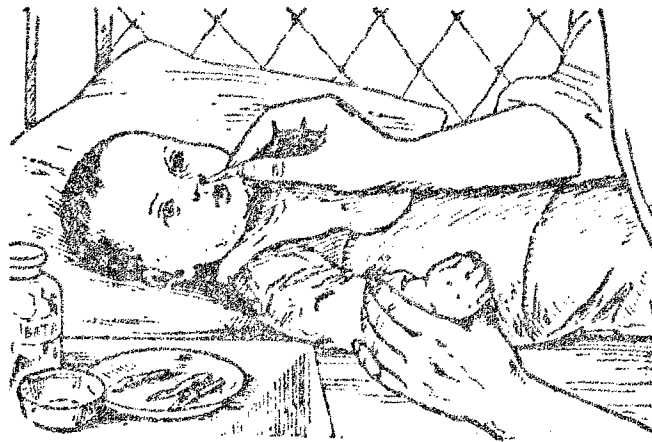
should be 36 or 37 degrees, and the temperature of the water used for rinsing should be one degree lower. The temperature of the water in the tub is determined not by feel but by a special thermometer. The child's face should be washed with boiled water from a separate basin or pan. One should be careful to see that no water gets into the baby's ears during bathing.

The baby should be washed with soap twice a week. At such times special care should be taken to see that the eyes are protected from the soapy water.

After his bath the baby is wrapped in a clean sheet and, when his body has been carefully dried, quickly put into clean diapers.



Bathing and Rinsing



Taking Care of a Baby's Nose

Care of the nose, ears, and mouth. When necessary, the nose and ears are cleaned out with bits of cotton moistened in vaseline oil. The mouth should not be wiped out, since there is a chance of damaging the mucous membrane. Care should be taken to see that everything which gets into the baby's mouth (nipples, toys, etc.) is clean.

ORGANIZING THE CHILD'S REGIMEN

In addition to proper hygienic care of the child, parents must see that he follows the correct regimen. By 'regimen' is meant a definite schedule providing for the correct sequence in the most important phases of the child's life: sleeping, waking, playing, and eating.

Feeding at a definite time facilitates the development of

appetite.

Insufficient sleep is as harmful to a baby as not eating enough. If a child sleeps poorly and not enough, he becomes irritable and prone to crying, eats poorly, and loses weight.

The younger the child, the greater ^{the} part of the day spent in sleeping. Newborns sleep almost around the clock, and must be awakened even for feeding. The periods of waking begin at about six weeks of age, and increase in length as the child grows older.

After the age of four months a baby should be given three naps per day: between 9:00 o'clock and 10:30, between 12:00 o'clock and 2:00, and from 4:00 o'clock to 5:30.

Beginning at the age of six months, the child's hours of feeding are changed: he is fed every four hours. At this age he is napped from ~~SIXTYEIGHTSEVENTY~~ 9:30 to 11:00, from 1:00 to 3:00, and from 5:00 to 7:00. At 9:00 he is put to bed for the night.

From the age of nine or ten months to 18 months, a child should be given two naps per day: from 10:00 to 12:00, and from 3:00 to 4:30.

From about 18 months throughout the rest of his pre-school age, the child should take one nap a day lasting from two and a half to three hours. At night he should be put to bed no later than 8:30.

Before he is put to bed, his room should be thoroughly aired. Depending upon the time of year, he should take his naps near an

open window — or, better yet, in the open air. In such cases he will go to sleep quickly.

Outdoor strolls. It is very important that the child spend enough time in the open air.

In the central temperature zone of the USSR, in cold weather, a child can be taken out for his first airing in the third week (if the temperature of the air is not below 10 or 12 degrees), after which he can be taken out daily. The duration of the stroll can be gradually increased, starting with 20 minutes and going up to two hours.

The child should be dressed for his airings in accordance with the season and temperature of the air outside.

Very young infants usually go to sleep in the fresh air when out for a stroll. At such times it is important to notice the child's breathing and the color of his face. If he begins to feel irritable and grows pale, he should be taken home immediately. Upon returning home, the baby's feet should be warm. Quilted cotton bags are very convenient for taking a child out for a stroll in the winter.

Older children may be taken for strolls at temperatures as low as minus 15 degrees, or even 20 degrees if there is no wind. When taken outside, children should be dressed not only warmly but in such a fashion that they can move about and play without constriction. Otherwise they may easily begin to get

cold and become irritable.

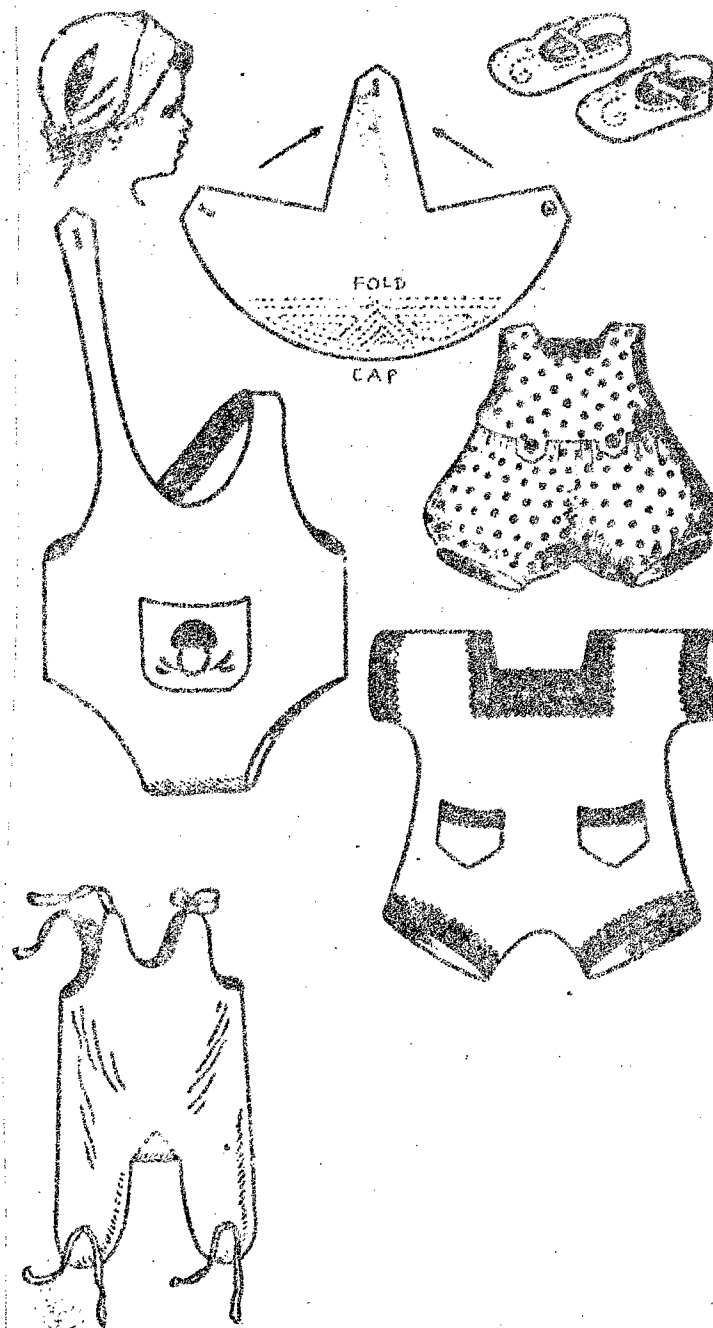
On very cold and windy days when the child cannot be taken outside, arrangements should be made for him to "take the air" at home. That is, the child is dressed in warm clothes and put down for a nap near an open casement window. In such cases, one must be careful to avoid overheating.

During the warm part of the year, children should be outside for longer periods. In hot weather they should be taken for strolls in the shade near a brightly sunlit area. In the summertime, babies should be lightly dressed: in diapers and a thin blouse.

Slightly older children are dressed in shorts and sandals. The head should be protected from the rays of the sun by a light linen cap.

Adequate fresh air and sunshine protect the child against rickets and diseases of the respiratory organs, and facilitate the strengthening of the organism.

Conditioning and physical training. In addition to the correct regimen and diet, conditioning and physical training are of great importance in the normal development and strengthening of the child's health.



A Baby's Summer Clothing

To condition the organism means to accustom it to variations in temperature (heat, cold, and wind), physical loads, etc. Natural factors — sun, air, and water — should be utilized in conditioning and strengthening the child's health.

The correctly organized care and rearing of the child always facilitate his conditioning: the frequent airing of the room while the child is in it, at any time of year; sleeping in the open air or in a room with open windows; bathing in cold water; and, finally, not handling the child up too closely when dressing him.

Also, there are special measures which help to condition a child's organism: air baths and water treatment in the form of ~~orange-baths~~ ponge-downs, rinsing, showers, and bathing. These procedures should be employed only upon the advice and instructions of a physician.

FEEDING THE VERY YOUNG INFANT

Feeding is of very great importance in the correct development of the child's organism. The food should contain all of those substances which build the tissues of the organism, and should include an adequate amount of those substances supplying energy to the organism.

The food should contain albumins, fats, carbohydrates, mineral salts, vitamins, and water.

Breast feeding. Mother's milk is the normal and natural food for the very young infant, and during the first five or six months

it supplies all of the needs of the organism. No other food can fully replace mother's milk.

Breast milk contains high-grade albumins which are easily digested and utilized in the building of new tissues; and it has an abundance of easily digested fats. It also contains lactose in a quantity sufficient to supply the child's need for carbohydrates, as well as vitamins and mineral salts.

Breast feeding offers two more advantages. First, the milk the child gets from his mother's breast is pure and uncontaminated by microbes. Second, in addition to nutrition, the child obtains from breast milk several other substances which enable him to resist disease and get through infectious diseases very easily.

Correct breast feeding. Milk forms in the mother's breast immediately after the birth of the child. During the first few days the breasts secrete so-called "colostrum," after which, on the third or fourth day, they begin to give milk of normal chemical analysis. Usually, the amount of milk begins to increase at this time.

For successful breast feeding it is necessary to follow several rules making for an increase in the amount of milk given by the mother. In this connection it is very important to nurse the child at regular intervals of time as indicated by the doctor. It is also very important that the breast be completely emptied. To this end it is recommended that the child be fed from only one

each time, alternating from one feeding to the next. Feeding from both breasts should be resorted to only upon advice from a doctor when the mother does not have enough milk.

The mother should wash her hands thoroughly before every feeding. During feeding the mother should be seated in a comfortable position, leaning back in her chair so as not to become tired, with her feet on a foot-stool. With her free hand she should hold the breast so that it does not interfere with the child's breathing.

Until the age of three months a healthy, fully-developed child should be fed every three hours, seven times a day in all, with a longer interval of six hours at night. After three months the child is able to get a larger amount of milk at each feeding. Therefore, between the ages of three and five months he should be fed less frequently: every three and one-half hours, or a total of six times a day. Beginning at the age of five months he should be fed five times a day at intervals of four hours.

During his first four to six weeks the child will sleep a great deal, and he must be awakened at definite times for feeding.

Adhering to the correct intervals between feedings, and feeding at the same times every day, regulates the functioning of the digestive organs: at these times the gastric juices

begin to be secreted, and the child develops an appetite. Some babies wake up with surprising punctuality at feeding time.

Babies should not be fed at night: the mother should rest, and so should the child. If the baby wakes up at night one should try to quiet him by giving him a small amount of boiled water ~~from~~ from a spoon. In most cases, a mother who is following the proper feeding schedule can easily discover the cause of the child's wakefulness and eliminate it.

Breast feeding does not always go well at the very beginning. Complications often arise during the first month -- especially in the case of young women with their first babies. If the child is not gaining weight fast enough, the mother begins to worry and loses confidence in her own capacity for feeding, with the result that there is an actual drop in her production of milk. In such cases it is necessary to visit a doctor at the consultation center, who will give advice and help to straighten out the feeding problem.

The length of each feeding depends upon the amount of milk and the form of the nipples; also, upon how strongly the baby sucks. Feeding may take from 15 to 25 minutes, so long as the child is actively sucking and swallowing. When he begins to draw away or to suck sluggishly, feeding should be stopped, since he is already full. Irregular feeding causes a reduction of the amount of milk in the breasts. This happens because a baby who is fed too often does not experience real hunger, sucks sluggishly, and does not

drain all of the milk from the breast, with the result that the production of milk decreases. On the other hand, if all of the rules for feeding are followed, the milk is usually produced in adequate quantity.

Special care should be taken to prevent nipple cracks. Nipple cracks seriously interfere with normal breast feeding because of the sharp pain: as a result of the insufficient drainage of the breast, the remaining milk becomes stale. Microbes can penetrate through the cracks into the mammary gland, frequently causing ^Umammitis (mastitis) in the mother. This disease of the mammary glands is one of the most frequent reasons for shifting a child to artificial feeding.

In order to prevent the appearance of cracks and mastitis it is important to prepare the nipples during the period of pregnancy. One very useful practice is to bathe oneself to the waist in cool water, since this makes the nipples more tender.

If while nursing the child's mouth closes over the nipple only, and pulls on it, this may cause the development of nipple cracks. Therefore, when putting the child to her breast the mother should make sure that his mouth takes in not only the nipple but the mammary areola as well. Sometimes it is difficult to make the child do this, because the breast is full of milk and very swollen. In such cases it is necessary to squeeze out a certain amount of milk, after which the breast becomes more pliant and less tight.

Every mother can and should feed her own child. She should decline to do so only in very rare cases: when she is seriously ill and breast feeding might damage her health and that of the child. (Only a physician can decide this matter.)

If the mother has the flu, she should cover her nose and mouth with a gauze bandage when feeding her child. This bandage should consist of several layers of gauze.

If owing to the mother's state of health it is necessary to forego breast feeding part of the time, it should still be done as often as possible. It must be remembered that mixed feeding, whereby the child gets mother's milk along with other food, is less dangerous for him than artificial feeding, whereby he is totally deprived of breast milk.

Sometimes the mother has insufficient milk owing to her own incorrect diet and living habits.

THE DIET AND LIVING HABITS OF THE NURSING MOTHER

A nursing mother should eat according to her appetite, using a variety of food products in her diet.

There are many superstitions regarding the diet of a woman who is nursing a child. Some of them have a harmful effect on the quality and quantity of the mother's milk. For example, some persons think that a nursing mother should not eat fresh vegetables and fruits, since this will give the child diarrhea. This is a

groundless and harmful superstition. A nursing mother should by all means eat vitamin-rich fresh fruits, vegetables, and berries in raw or cooked form. If the mother's food contains vitamins, they will go into her milk; and vitamins are essential to the normal development of a child.

A nursing mother naturally experiences greater thirst than usual, since she loses about a liter of liquid per day in the process of nursing. In order to slake her thirst she may drink whatever she wants: milk, tea, or water. But there is no need to force the intake of liquids beyond her requirements.

Nursing mothers are strictly forbidden to drink alcoholic beverages, including beer. The alcohol is passed into the milk, and is very harmful to both the child and the mother.

Neither the diet nor the general living habits of a nursing mother should be changed radically during the time she is nursing her child. It is a good idea for the mother to continue with her usual work, though excessive fatigue should be avoided.

A nursing mother should spend at least two or two and one-half hours every day taking the air outside. Also, she should be sure to get adequate sleep. These things promote an even, cheerful disposition in the mother, and have a favorable influence on feeding.

A nursing mother should observe the necessary rules of hygiene: bathing herself down to the waist once a day; changing undergarments once or twice a week; and taking a complete bath

in warm, soapy water once a week.

Supplementary Food and Weaning

If the mother has enough milk and the child nurses well, he should receive only mother's milk until the age of five months. After five months the child requires something more than breast milk alone for his correct development. He needs more mineral salts and albumins than are contained in breastmilk. Therefore, after consultation with the doctor, he is given supplementary food.

The first supplementary food the child should receive is liquid semolina cereal (one teaspoon of cereal and one teaspoon of sugar per half-glass of liquid) using one part milk to one part water. It is recommended that overweight babies be given cereal in a vegetable broth, or a vegetable purée.

At first the child is given three or four teaspoons of cereal once a day before breast feeding. Gradually the amount of cereal is increased, so that by the end of two weeks he is getting up to three-quarters of a glass. At this time one of the breast feedings is eliminated and completely replaced by cereal. With this gradual introduction of the new food the child's digestive organs are able to adapt themselves to it, and it causes no disturbances of a gastrointestinal nature.

When the child reaches the age of six months the gruel can

be prepared by boiling in whole milk; and it can be thicker — the so-called "ten percent gruel" (four teaspoons of cereal and two teaspoons of sugar per glass of milk). In addition to semolina, the child can be given gruel made with strained rice, oatmeal, buckwheat, or sugar.



Feeding a Small Child

At six months the child can be given potatoe purée, originally just a short time before breast feeding, gradually increasing the amount of purée to 100 grams (one half of a glass). At seven months another breast feeding is eliminated. In lieu of it the child is given 100 grams of vegetable purée and 100 grams of fruit or berry kissel [a kind of sourish jelly].

Between the ages of seven and eight months another breast feeding (the third) is eliminated and replaced by meat or vegetable soup with strained vegetables and a half-glass of fruit kissel.

Thus at the age of eight or nine months the child is receiving the following:

First feeding, 6:00 A.M. --- breast milk.

Second, 10:00 A.M. --- glass of ten percent gruel with strained apple.

Third, 2:00 P.M. - 100 grams of vegetable purée in meat broth with meat, and 100 grams of fruit kissel.

Fourth, 6:00 P.M. - 100 grams of potatoe purée in milk and 100 grams of fruit kissel or fruit juice.

Fifth, 10:00 P.M. - breast milk.

The introduction of vegetable-type foods often causes difficulties, since the child is getting his first taste of unweetened food and may not want it. In such cases the mother, understanding that vegetables are necessary for the child as the chief source of mineral salts and vitamins, must be firm and patient. It is sometimes necessary to "disguise" the vegetable with milk or kissel, so that after a while the child becomes accustomed to vegetables.

At the age of 10 or 11 months the child is given meat in the form of meat purées (using meat which has been boiled and ground). He is given one or two teaspoons of meat purée

together with vegetable purée or soup.

In the second half of his first year the child can be given cottage cheese (20 to 50 grams). He may also have half of an egg yolk, either raw, beaten until frothy, or hard boiled and mashed.

Thus the child gradually becomes accustomed to new kinds of food.

Between the ages of 10 and 12 months the child is usually weaned. The early-morning breast feeding is replaced by a glass of milk with sugar (two teaspoons of sugar per glass) with biscuits or crackers soaked in milk. In lieu of the last breast feeding he can be given a glass of milk Kissel, a glass of kefir [a kind of fermented milk], or a glass of curdled milk with sugar.

If the child is gradually accustomed to a variety of supplementary foods in the sequence indicated above, he can be weaned in a manner painless for both mother and child.

In no case should breast feeding be discontinued in hot weather, even if the child reaches one year of age at that time, since weaning can lead to diarrhea in this case. The mother should continue to give the child two breast feedings per day throughout the summer.

Mixed Feeding

There are cases when, even during its first months, a child

must be given cow's milk in addition to the mother's milk.

This kind of feeding is called "mixed." This ~~way~~ should be resorted to when the mother does not have enough milk, so that the child is irritable and cries after feeding or long before the next feeding, and gains weight slowly.

If the mother is not producing enough milk, the doctor should be consulted immediately. Sometimes it is possible to increase the amount of milk in the breasts by more frequent feedings (every two or two-and-one-half hours), since the sucking and the complete evacuation of the breast stimulate the functioning of the mammary glands. The mother must follow a correct diet, and adhere to the proper schedule. However, if the breast feeding does not ensure the normal development of the child and he fails to gain weight fast enough, it is necessary to give him additional milk upon instructions from the doctor.

The best thing -- especially if the baby is less than three months old -- is to give him breast milk from another mother who has an excess of it. If this is not possible, the breast milk is partially replaced by diluted cow's milk.

When a baby is being bottle-fed it is necessary to see that the hole in the nipple is not too large. Otherwise, having become accustomed to getting milk very easily from the bottle, the child will refuse to nurse, since nursing at the breast requires some effort on his part.

Sometimes the supplementary feeding entirely replaces one or two breast feedings. In such cases the supplementary feeding should be alternated with the breast feedings. The child should be breast-fed at least three or four times a day, since otherwise the mother's milk may disappear completely.



Squeezing Out Breast Milk

There are times when the mother's milk may decrease temporarily; for example, owing to illness or excessive fatigue. In such cases one should not be in a hurry to supply other milk. One should wait patiently; and if the child is irritable because of hunger, he should be given sweetened boiled water. Quite often, normal breast feeding can be resumed in two or three days.

The best thing is to get the milk and milk mixtures for

the child from a dairy kitchen, upon instructions from the doctor. If the mixture must be prepared at home it is essential to follow all of the doctor's instructions in diluting the milk, mixing it, etc. Today, powdered (dehydrated) milk mixtures can be used with success. In preparing milk mixtures it is very important to see that the bottles are clean, and one's own hands as well.

Cow's milk should be boiled before being given to a child. Boiled milk is more easily digested, and the boiling destroys the bacteria which may be in the milk. In order to preserve the nutritious substances in the milk, and especially the vitamins, it should be boiled no longer than three minutes. And it should not be reboiled. Boiled milk should be kept in a closed container and in a cold place. Before being given to the child it should merely be warmed to the needed temperature -- not boiled again.

The child's food should be prepared immediately before each feeding, since if it is left standing its nutritious value is diminished, it loses its flavor, and contamination by microbes is possible.

Feeding Children between the Ages of One and Four

If during the second half of the child's first year his feeding has been properly organized, he will be able when weaned to adapt himself to a rather wide variety of foods. But at the age of one year he still has only six or eight teeth, so that

his food must still be prepared in the form of purées or gruel. He should also be given a small amount of food requiring mastication: crackers, quenelles, boiled cutlets, etc.

The work of the gastric glands is very important in the proper assimilation of food, so that it is essential to create conditions favoring their functioning. It is very important to see that the child has an appetite, since the appetite promotes intensive activity of the gastric glands. Food must be prepared in such a way that its taste and smell stimulate the appetite.

The child should eat with pleasure, and not by way of following an order. While eating he should not be distracted. His toys should be removed so that will not distract his attention from eating. If his attention wanders at mealtime and he eats without noticing what has been given to him, the gastric glands will not secrete enough juice and the food will remain in the stomach longer than it should.

Up to the age of 18 months a child may be fed every four hours, or a total of five times a day. However, many children in this age group will refuse the last meal. In this case the meals can be reduced to four.

Gradually, the child's diet becomes more varied. Meat can be given in the form of boiled cutlets or quenelles; and fruits and vegetables may be given not only in the form of purées and gruel but also in the form of pancakes and baked puddings, so

that the child learns to masticate. When the child has his second molars (viz., after the age of 20 months), he must be given food which requires "active" mastication: soup with unstrained vegetables and cereal; vegetables in the form of salads, broiled chops, fruits (not in the form of juices and purées, but in pieces or whole), bread, sugar lumps, etc.

The changeover to this variety of foods is gradual, but it should be made at the proper time, and should be consistent. There are some children who do not adapt readily to chewing, but will refuse solid foods. And there are a few in whom even small lumps of food will cause vomiting.

An unvaried diet consisting chiefly of milk foods can lead to the development of anemia and other diseases.

The child should be given his fullest meal at midday, and his lightest at snacktime.

Milk is a very valuable food. One-half liter of milk supplies all of a small child's requirements for animal albumins. Also, milk is a source of fats and mineral salts. However, one should not give a child milk in lieu of water to quench his thirst. When children are given too much milk they lose their appetite and refuse other foods.

Meat and fish are also necessary foods, but they should be given to the child only four or five times a week -- not every day. Children may have various kinds of meat: chicken, veal,

or non-fat pork. It is advisable to give them vegetables along with the meat, since the latter is better assimilated in this case.

Eggs are a very valuable food. The most nutritious part of an egg is the yolk: it contains many valuable albumins, fats, phosphorus, and vitamins. Older children may be given whole eggs, but not daily. It is advisable to alternate eggs with cottage cheese.

Every day the child should have vegetables in the form of purées, soups, mixed salads, lettuce salads, juices, etc. Fruits and vegetables make the diet more varied and facilitate the regular functioning of the intestine. They provide the child with vitamins and mineral salts. The diet should include various kinds of vegetables, including the leafy varieties: lettuce, spinach, etc.

Beginning at the age of two, children can be given ham, sausage, mild cheese, and fish roe in small quantities. Small children should not be given sharply seasoned or spiced foods. In canned goods, the special children's varieties are to be recommended.

In preparing the menu one should take care to see that it is varied.

Children should be given soups, both vegetable and meat, once a day: a half-glass for children in their second and third years, and a full glass for older children. Soups contain mineral salts and extractives which stimulate the secretion of

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the gastric juices. It is for this reason that soup (bouillon) is served as the first course of a meal. In view of the fact that its nutritive value is usually not very high, soup should be served in a small quantity so that the child will eat the more nutritious second course.

Bread and pastries should be eaten only at mealtime. The quantity of bread should be limited, since otherwise the child will fill up on bread and refuse everything else. Children 18 months old should be given white bread or biscuits amounting to 50 to 70 grams per day. Between the ages of 18 months and four years they can be given 50 to 70 grams of dark bread and 100 to 150 grams of white bread (including biscuits or crackers).

Fruit marmalades and jams can be given in small quantities after the meal. They should not be given indiscriminately, or they will spoil the child's appetite.

Older children take their meals at the table. Before the meal the mother washes their hands and puts a bib or napkin on them.

At a very early age, the child should be taught a certain sense of order. This makes for the development of hygienic habits. His food should be neither too hot nor too cold.

At about 18 months he should be taught to eat by himself. The mother does this by giving him a spoon, which he holds in one hand while she feeds him with another spoon. The ability

to eat by himself often improves the child's appetite: he begins to eat with greater pleasure, since he has taken an interest in the procedure of eating itself. All portions of food to be eaten at one meal should be placed on the child's plate at the same time; and he should be taught to eat everything on his plate.

How to Give Juices and Cod-Liver Oil

Every child, even if he is being breast-fed, must upon instructions from the doctor be given Vitamin D for the prevention of rickets, beginning in his fourth to sixth week of life; and at the age of two months he should be given cod-liver oil, which contains both Vitamin D and Vitamin A. At first he should be given a half teaspoon of cod-liver oil once a day; after a week, a half-teaspoon twice a day; and beginning at three months, a full teaspoon twice a day.

Children who are being breast-fed should be given Vitamin C in the form of raw fruit, berry, or vegetable juices beginning at the age of three or four months. Children being fed on formulas should get these juices beginning at the age of two months. At first one gives one or two teaspoons of juice per day, gradually increasing the amount to two tablespoons per day. Children over the age of six months should be given two tablespoons of juice twice a day.

They should receive mixed juice from various fruits and

vegetables; and it should be served fresh, since if left to stand any length of time, the quantity of vitamins will decrease. The juice should be prepared from fresh and well-washed berries, fruits, or vegetables, and one's hands should be washed before preparing it.

Juices can be kept for several hours in a porcelain or glass container with a cork or a lid, in a cool and dark place.

The juices containing the most Vitamin C are those from black currants, cabbages, lemons, and oranges. There is a high content of Vitamin C in decoctions prepared from wild roses.

Sample Menu for Children Aged One to Three Years

First Day	Second Day	Third Day
<u>Breakfast</u>		
Gruel of some kind	Soft-boiled egg	Cottage cheese with Sour cream
Milk	Coffee with milk	Tea with milk
Bread and butter	Bread and butter	Bread and butter
<u>Lunch</u>		
Soup (fish or meat) with quenelles	Soup with ground meat	Fresh vegetable soup with sour cream
Cheese pancakes with Sour cream	Vegetable purée	Meat chop with green peas and carrots
Berry kissel	Stewed fruit	Fruit kissel

Snack

Curdled milk	Milk kissel	Kefir or curdled milk
Crackers or bun	Crackers	Bun
Fruit	Fruit	Fruit

Dinner

Vegetable purée	Rice pudding with	Gruel of some kind
Tea with milk	raisins	Milk
	Milk	

Fourth Day

Fifth Day

Sixth Day

Breakfast

Gruel of some kind	Potatoe purée	Boiled noodles
Coffee with milk	Tea with milk	Tea with milk
Bread and butter	Bread and butter	Bread and butter

Lunch

Soup with quenelles	Fresh vegetable soup	Rice soup with sour
Baked vegetable pie	Garnished calves' brains	cream
Berry kissel	Stewed fruit	Vegetable cutlets
		Cream

Snack

Kefir	Coffee with milk	Tea with milk
Bun	Crackers	Bun
Fruit	Fruit	Fruit

Dinner

Omelette	Pancake with cottage	Cheese pancake
Cranberry or	cheese	with sour cream
apple mousse	Milk	Apple mousse

N.B. At breakfast time it is advisable to give the child fresh carrots in the form of juice, or else strained.

This sample menu can be used for children from the age of one year to 20 months. For children from the age to 20 months to three or four years it can also be used, but with the following changes: vegetables and cereal are given in unstrained form, cuts of meat are broiled, and the servings are increased in proportion to the child's age.

Children above the age of four can eat with the adults.

Basic Questions Which Must be Especially Emphasized

1. The conditions which can cause retardation of the child's development.
2. The chief criteria of correct development in a child.
3. The importance of cleanliness in caring for a child.
4. The importance of fresh air in the correct development of a child.
6. The diet of the nursing mother and the requisite schedule.
5. The importance of correct intervals in feeding.

7. When and how to give additional food to a breast-fed child.

8. The importance of a varied diet in feeding a child correctly.

Third Lecture

The Physical Education of Children in the Pre-School and Primary School Age Groups

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Problems in the Physical Education of Children

In our country, great emphasis is placed on the education of children: it is justifiably regarded as a task of great importance to the state.

Physical education consists of measures aimed at rearing healthy, hardy, labor-loving, and happy human beings.

The system of measures necessary for the correct physical development of children includes the organization of their lives in accordance with the requirements of hygiene and the struggle against disease.

In the Soviet family the interests of the children are primary. Every mother tries to create the best conditions for her child: to provide him with proper nourishment, and to protect him against disease. It is very important for parents to have a clear idea of what is required for the correct development of the child at a particular age level. In addition to creating favorable conditions, great attention

must be devoted to developing the resistance of the child's organism and his capacity to adapt, rapidly and without damaging his health, to changes in those conditions to which he has become accustomed. In this connection the utilization of nature's resources -- air, water, and the rays of the sun -- with a view to conditioning the organism, plays an important role.

For the thorough development of the child's physique it is essential that he participate in physical exercises, active games, skiing, skating, etc., and go on hikes.

Active games and physical exercises develop speed, agility, resourcefulness, and teamwork.

Thus physical education should include both measures for strengthening the child's health and conditioning his organism, and carefully selected games and physical exercises.

The clearer the parents' and educators' understanding of the importance of the above-mentioned tasks, the easier it will be to find a general policy for education in the home and at educational institutions (kindergartens and schools).

The present lecture deals chiefly with problems of the physical education of pre-school children. Primary school children are dealt with only partially -- within the limits of the first year of school.

Basic Schedule Requirements for the Pre-School Child

The inculcation of useful skills and habits is especially important in the pre-school period of a child's life. At this age it is easy to form, in the cerebral cortex, new temporary connections called conditioned reflexes which can subsequently be fixed and to some extent will be retained throughout life in the form of skills and habits.

In teaching children to follow a definite schedule and meet certain hygienic requirements, we create habits which are useful for the organism and thereby preserve their health.

A strict daily schedule based on the child's age requirements is one of the basic factors in the normal physical development of the child.

It has long been known (and everyone has found this out for himself) that the need for food, sleep, activity, and rest will manifest itself at definite times, provided the child has been taught to eat, sleep, work, and rest at established times.

It is easily understandable that food is best assimilated if the secretion of the gastric juices begins before the food is placed in the mouth; and that sleep comes more quickly, and is more restful, if a human being "becomes sleepy" at a certain time.

The basic requirement for a schedule is punctuality

and proper variation -- alternating between different kinds of activity.

There should be strictly established times at which the child eats, goes to bed, gets up, goes outside to play, and performs simple tasks within his capacity. It sometimes happens that parents "spare" the child, permitting him to go to bed later than usual, to get up later, and to remain in the house during the usual time for playing outside. These violations of the established schedule are not without their consequences: they affect the child's sleep, his appetite, and his general feeling of well-being. To the distress of the parents, who do not understand the reasons for the child's behavior, he begins to grow nervous and capricious.

The schedule may be altered slightly in accordance with the time of year or the organization of the family's life as a whole. But certain general rules must be observed at all times. These rules apply for the most part to the organization of sleep, diet, and outside play.

Sleep. It is only during sleep that the child gets complete rest.

A child should get plenty of sleep. Children three or four years old sleep 14 hours a day; those five or six years old sleep 13 hours; and those seven or eight years old, 12 hours. From this time it is necessary to set aside an hour and a half

for napping, especially in the case of younger children.

But it is not simply a matter of the number of hours the child sleeps. Children should be put to bed early enough -- no later than 8:00 or 9:00 o'clock at night. If the child sleeps in a living room, the adults should limit their activities somewhat, since bright light or conversation which is loud or disturbing to the child naturally interferes with his going to sleep right away. In this case, once the child has been over-excited, it is difficult for him to get to sleep.

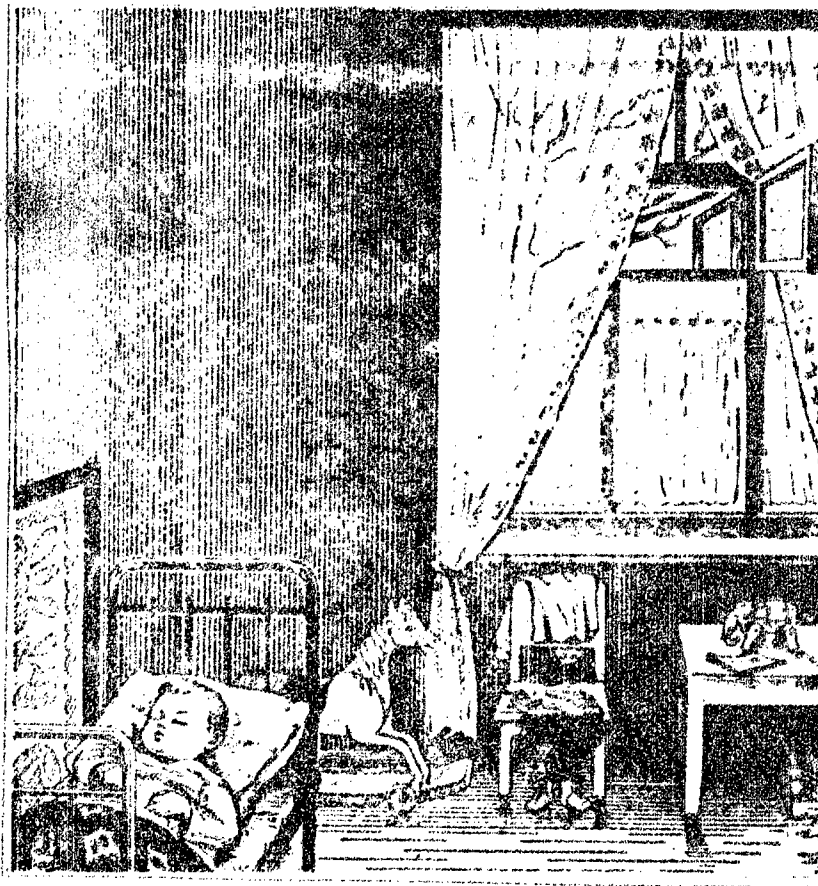
A child can also be over-stimulated by noisy games just before bedtime, or by frightening bedtime stories. By contrast, a calming effect is exerted by preparations for bed -- by doing the things the child should do every night: picking up his toys, washing himself, undressing, etc.

Children should sleep under hygienic conditions (separate bed, not too soft; and clean, cool air in the room). Before he goes to bed the room should be thoroughly aired. If he is well covered one should not be afraid to leave the casement window open, even in the winter.

Food. Like an adult, a child needs food as a source of the energy required for the basic vital processes of the organism, for maintaining the heat balance, for movement, and for work. Children require an additional amount of energy associated with the growth and development of their organism. The younger the

child, the more rapid the growth.

The child's diet should include all of the necessary substances: valuable proteins (they are contained in especially large amounts in meat, fish, eggs, and dairy products), fats (primarily in the form of sweet cream butter), carbohydrates (contained in flour, cereals, sugar, potatoes, various other vegetables, and fruits).



A Child Taking a Nap beside an Open Casement Window

Vitamins are especially important in the normal growth and development of the child. There are many vitamins in cabbages, carrots, tomatoes, black currants, oranges, lemons, and other fruits, vegetables, and berries, and in butter, eggs, milk, and fish oil.

In arranging the child's diet, the following should be borne in mind.

Children are fed four or five times a day. The first meal is given to the child a half hour (or no later than an hour) after he wakes up, and the last is served an hour and a half before he goes to bed. Intervals of three or four hours must be established between meals, and they must be strictly observed.

The most filling meal is lunch. Less filling meals are given to the child for his first breakfast and dinner. The lightest meal is the afternoon snack — and the second breakfast, if the child is being fed five times a day.

The following is a sample menu and schedule for a child of pre-school age.

First breakfast consists of two courses. In addition to a glass of liquid (tea with milk, milk, coffee) the breakfast should also include a warm dish: gruel, potatoe, macaroni, omelette, or herring farshmak [dish with herring used as stuffing] and a vegetable, fruit, or berries.

If the general schedule followed by the family calls for

lunch to be served some three or four hours later, the child should be given a second (and lighter) breakfast two and a half or three hours after the first.

There is no need to prepare a special lunch for a child of pre-school age. For the most part, such children can eat with the adults, provided the meal is not too heavy, rich in fat, or seasoned with too much pepper, mustard, or vinegar.

Lunch for the child should consist of three courses, the last of which should take the ^{form} of fresh fruit, kissel, or stewed fruit.

In the interval between lunch and dinner the child should be given a light snack: tea or milk; buttered bun, perhaps with honey; crackers; fruit.

Dinner should consist of two courses; e.g., baked pudding made from cereal (or vegetable, or macaroni), cottage cheese, cheese cake, potato cutlet, etc., and a glass of regular or curdled milk.

Outdoor play. No matter how strictly bedtime and mealtimes are adhered to, the child's schedule cannot be considered correct if it does not provide for outdoor play. The more time children spend outside, the healthier they are. In rural areas, where children usually spend their whole lives outside, winter and summer, they develop sturdier health than city children,

and have a different look: ruddy, tanned, always active. they are not afraid of the hot sun and do not catch cold from being out in the rain. Children living under city conditions should also get as much fresh air as possible.

In the autumn and winter, children should be outside no less than four hours a day. The best time to take children out for a stroll is between breakfast and lunch (from two to two and a half hours) and after napping, just before dinner (from one and a half to two hours). In very cold weather the length of time spent outside can be somewhat reduced.

A healthy child should be kept indoors only under exceptional circumstances: a very heavy rain, or severe cold with a strong wind.

On the basis of experience acquired at kindergartens it has been established that children of pre-school age accustomed to daily outdoor play can be taken out at temperatures of 20 to 25 degrees, provided there is not a strong wind and that the children are properly dressed.

For outdoor play on cold winter days children should be dressed in a warm overcoat, cap with ear-muffs, felt boots, and warm mittens or gloves. In the north, where the climate is more severe, children must become accustomed to outdoor play even at the lowest temperatures. It is important that the child become accustomed to the climate in which he lives.

Depending on the circumstances, the child can be taken out to play either on the grounds of his own apartment building or beyond those limits. In the first case one should be careful to see that he has a place in the yard where he can play without being disturbed. In the summertime the play area should be swept and watered down to avoid dust. In the winter it should be swept free of snow. If, as often is the case in large cities, the yard where the child lives is not suitable for children's games, the child should be taken to some suitable place for his daily outing; e.g., to a park, public square, or boulevard.

From time to time it is advisable to take increasingly longer walks with children, gradually lengthening the distance -- up to 15 or 20 minutes for the younger children, and 30 minutes for the older ones -- with brief pauses of a minute or two along the way.

Upon arrival at the destined point, the child should rest or play quietly for a while before starting back.

Conditioning the Child's Organism

The advantages enjoyed by the person whose organism has been well condition -- who retains his health and working capacity under any conditions -- are obvious to everyone. The person in good physical condition stands up easily to both cold and heat; he does not catch cold from dampness, draughts of air, or exposure to rain.

Conditioning is usually taken to mean the adaptation of the child's organism to changes in the temperature of the air around him -- and primarily to drops in temperature.

Conditioning should be begun in early childhood. As we have said, new skills and habits useful to the child are easily formed in the young organism. But in order that they become fixed and permanent, conditioning must be effected in a systematic and orderly manner.

Children should not be subjected to radical temperature effects. They must be taught to adapt to temperature changes gradually but consistently. The child's clothing should be lightened little by little in the summertime; and the temperature of the water used in bathing or rinsing should be lowered gradually. In this way one can attain the best results without endangering the child's health.

The advice of a doctor is required in selecting the measures to be used in conditioning. Thus children suffering from malaria should not take sun baths or go swimming in rivers; certain children who are physically weak require special dosages in the matter of conditioning procedures, etc.

One should observe carefully how the child resists chilling and how he reacts to hot weather. The child's age, any recent illness, and the state of the nervous system may be important factors here. At the same time, the fact that a child is

pampered and does not want to to what he is told may account for a negative attitude toward conditioning procedures.

Children who for one reason or another are sensitive to cold require a special approach, and a more cautious one, to the matter of conditioning measures. After having consulted with the doctor, one should incorporate his suggestions into the method of conditioning.

One should not completely forego conditioning without a special reason, since it is precisely those children who are sensitive to cold for whom conditioning is especially important.

It is best to begin systematic conditioning in the spring or summer so that the results obtained during that time of year can, by changing the method of conditioning, be reinforced in the autumn and winter.

Special conditioning measures used in the summertime include sun and air bathing, rub-downs, showers, and swimming in natural bodies of water.

Sun and air baths are employed so as to accustom the child to direct contact between the entire surface of his body, and the air at various temperatures. In addition to temperature, the humidity and movement of the air masses are important in this connection.

In the heat of the summer, when children wear only shorts throughout the day, there is no special need for special air

baths. But in the spring, when they are not yet accustomed to the outside air, and on cool days (of which there are quite a few even in the summertime), air baths are very useful.

For air baths one selects a place protected from the wind; e.g., a terrace or an open balcony. The child should be naked or dressed only in shorts.

At first the bath should last only three or four minutes. It is subsequently increased in length each time, until it takes a full hour. It is best to initiate air baths in calm weather when the temperature is no lower than 23 or 24 degrees.

When the child has become accustomed to the effect of the air on his naked body, baths may be taken in colder weather.



A Sun Bath

While taking air baths, children should be moving about.

For cool days one should give them more active games to play, and for warm days more quiet games. One can give the child an interesting task to perform: tossing a ball up and catching it a certain number of times without missing; rolling a wooden hoop to the end of the path; running two or three times around a tree, a summer house in the garden, etc.

Sun baths. Sun baths have a generally strengthening effect on the child's organism: they intensify the metabolism and increase resistance to various diseases. Under the effect of the sun's rays, certain substances rich in Vitamin D form in the skin, and this facilitates the assimilation of the salts of calcium and phosphorus and prevents rickets. Sun baths are also useful in that the children become accustomed to withstanding the heat action of the sun's rays and feel good even in hot weather.

But the sun can also have a negative effect. After prolonged exposure to the sun, some children become weak or nervous, and may sleep badly. Therefore it is essential to keep check on how the child is feeling, both during the sun bath and afterward.

Sun baths should be taken in accordance with strictly prescribed rules.

The place selected for sun-bathing should be dry. It is best to use a cot. One may also use bedding (a blanket or mat).

The child is placed so that his body is exposed to the sun

while his head is in the shade. (The head may be covered with a white handkerchief or a hat.) In the course of the first sun bath, which is only four minutes in duration, the child's position is changed as follows: first the back is exposed to the sun, then the right side, then the left side, and last the stomach. Every two or three baths, one minute of exposure time is added for each side. Gradually the length of the bath is increased to 25 or 30 minutes.

Two or three minutes after the sun bath is over the child should be showered with water at a temperature of 26 to 28 degrees and left to rest in the shade for a half hour.

The sponge-down.
This is the mildest water treatment, and can be used on sickly children as well as on healthy ones. The sponge-down is given in the following manner. One takes a mitten made from the same kind of material ordinarily used in towels (terrycloth, unbleached linen, etc.) and sponges down the various parts of the body -- the arms, the neck, the chest, the stomach, the legs, and the back -- immediately thereafter rubbing them with a dry towel until slightly pink. The arms and legs are rubbed from the fingers and toes upward. As the child becomes accustomed to the water, the sponge-down is given in two phases: first the entire upper part of the body down to the waist, then the entire lower part.

The temperature of the water used for a sponge-down

should be 30 degrees to start with, and then gradually lowered to room temperature. When the child has been conditioned to the effect of water by means of the sponge-down, one can shift to showering.

Showering. For healthy children, the sponge-down is not obligatory as a preparation for acoustic conditioning procedures in the summertime; they can be started immediately on showers, provided the rule of gradualness is observed. At first the temperature of the water should be 30 degrees (or 32 if the child is delicate). Every three days the temperature is lowered by one degree, finally reaching 20 to 22 degrees for children between the ages of three and five, and 18 or 19 degrees for children between the ages of six and eight.



Swimming in a River

Children should be showered outside on warm days, and inside on cold, damp, or windy days. The shower should be followed by a brisk rubdown with a dry towel.

Swimming. Swimming should be commenced when the weather is proper, preferably when the water temperature is about 22 to 24 degrees. However, if the climate is such that this requires a long wait, one should condition the child for swimming by cold showers (in accordance with the above rules), after which he can begin swimming at even lower water temperatures (19 to 20 degrees).

The place selected for swimming should be clean, and the bottom should be even. Children should go swimming once a day, and not remain in the water longer than five to eight minutes. The child should not be allowed to get a chill or turn blue in the lips. When swimming has this result it is unquestionably harmful. When children have become accustomed to swimming, they should continue even on cooler days. On such days, however, they should not spend more than one or two minutes in the water; and after swimming they should be given a brisk rubdown and dressed warmly.

The best time for swimming is between breakfast and lunch (an hour and a half after eating). If this time is inconvenient for the parents, the child can be taken swimming at five o'clock in the afternoon, but not just before sunset. (Although the

water is still warm at that hour, the air has begun to cool.)

While bathing the child should be in motion. Under favorable conditions, children five or six years old can be taught to swim. When teaching a child to swim, the first thing is to accustom him to the water. Careful attention on the part of the adults toward the child, and the latter's confidence that he will always receive support in time, help to overcome the fear of water which some children experience. There are several tasks, gradually increasing in complexity, which one can propose to children: flutter-kicking with the feet with hands touching the bottom; then trying to swim a short distance to the person giving the instruction, to the shore, etc.

From the above methods of conditioning, the parents should choose that which best corresponds to their possibilities. Having chosen it, they should follow it systematically.

In addition to these special measures, there are certain elements in conditioning (e.g., obligatory washing down to the waist and washing the feet in cold water) which must be included among the hygienic procedures followed daily by the child.

Children above the pre-school age must be taught to wash themselves down to the waist unsided; to remove their undershirts; to wrap the towel around the waist (so that water will not drip on the floor); to wash the arms up to the elbow in soapy water; then, taking water in their hands, to wash the

arms up to the shoulders, the face, the neck, and the chest. After one of the adults has sponged down the child's back, the latter can throw the towel over his shoulder and dry his body vigorously.

Washing the feet in water which has not been heated is a good means of conditioning. Many persons know from experience how sensitive to cold are the soles of the feet when they have not been conditioned, and how important it is to prevent this.



Washing the Feet Before Going to Bed

1

Also, daily washing of the feet is necessary in the interests of hygiene. The child must be taught to wash his feet with soap and a washcloth, using an individual basin and pouring the water himself from a pitcher; and to dry his feet with a special towel or cloth set aside for that purpose.

Naturally, ^{younger than} small children pre-school age must be helped by adults when washing themselves to the waist, and when washing their feet.

The practice of washing to the waist and washing the feet in cold water should be continued throughout the year. If conditions permit, showering or sponge-downs can be continued into the autumn and winter. For this purpose, the room should not be cold, and everything should be in readiness for taking the water treatment rapidly.

Active Games and Gymnastics

Between the ages of three and seven the child masters the basic physical movements. In order to realize this it suffices to compare a child of three and a child of seven in their walking, running, and leaping, in tasks associated with speed, agility, skill in mastering their own movements, using teamwork, and overcoming obstacles.

But it is not age alone which counts in this respect. All of these valuable qualities and skills will develop well if the

child is able to exercise; otherwise he will still be clumsy and timid in his movements even at pre-school age.

It is important to select for children those games and exercises which will provide all-around development.

Active games develop a child's physical strength, build health, and make for better appetite and sounder sleep.

In the course of playing games with his friends the child acquires character. He must submit to the rules of the game, consider the interests of the other children, and exercise self-control. For example, he must not cry if someone bumps him accidentally. He must follow the rules of the game honorably: not starting to run before the signal is given; not breaking away if he is caught; not spying on others in hide-and-seek. The child who cries over trifles violates the rules. He does not enjoy the respect of his playmates: they are reluctant to ask him into a game, and they laugh at him. For a child, the opinions of his coevals are very important.

Active games are strongly emphasized in the collective education of children: in kindergarten, at the children's home, or at summer camp. Every day the children play one kind of game or another. Games with various kinds of motion involved -- running, leaping, etc. -- are selected.

Very young children (three to four years of age) require games involving tasks which are very simple and interesting to

them. In the game, "Find Home Base," they must run to a signal flag of a certain color; in "The Hen and Her Chicks," they have to crawl under a taut rope; and in the traditional game, "With the Bear in the Forest" [tag], they have to run away from the player who has been caught.

Games with more varied movements, sometimes in different combinations, are selected for somewhat older children (ages five and six). The "hares" run about in the field, and when the "wolf" appears they flee from him; the "goats" can reach home base only by leaping over a "ditch." The game of "Cats and Mice" requires quick action and a great deal of teamwork. In certain games the element of competition is stressed: the winner is the one who runs fastest and gets to the signal flag first, who throws the ball farthest, or who is the first to roll his hoop to the tree without letting it fall.

Active games should also occupy an important place in the child's home life.

In some cases the child's activeness is hampered by the situation at home. The parents try to give him less active things to do, and require that he sit still. Frustrating the child's need for movement has the result that he gradually becomes apathetic and sluggish or, on the contrary, has moments of violently undisciplined action.

Children must have games which satisfy their need

for movement: throwing and catching balls, skating, skipping rope.

In the winter, going in snow-shoes, sledding and (for the older children) skiing.

Certain playthings can be made by the children themselves, with the assistance of adults. Children place a special value on such toys. Also, in making them the children acquire skills which are very valuable, in view of the current introduction of poly-technical education.

In buying toys and making them at home one should be careful to see that they correspond to the child's age. The dimensions of toys are very important in this respect. For example, balls to be used by children three or four years old should be large (20 to 25 centimeters) or medium sized (10 to 12 centimeters). Small children have difficulty playing with a small ball: it is hard to throw or catch, and it easily slips out of their hands. Children of six or seven, who are more completely masters of their own movements, can handle a small ball (8 centimeters in diameter) very nicely.

Hoops used for rolling should come up above the child's waist so that he need not be bent over while running and rolling the hoop. The proper length of a skipping rope is determined as follows: if the child stands in the middle of the rope, stretched on the floor, when its ends are raised up they should come to a point slightly above the child's waist.

It is a good idea to give children a few boxes and smoothly planed boards of various lengths to play with. Children make simple structures out of such things. For example, they will lay a board across two overturned boxes and make a bridge, across which they will run, pretending to be a "train" or (with knees raised high as they run) a "horse." Another time the box will be a "ship" and a board propped against it will be an "accomodation ladder." Games of this kind develop skill and boldness.

In addition to free games, so-called "active games with rules" occupy an important place in physical education. Depending upon the circumstances, such games are played either in a yard, in a park, or in a field near the child's home. The positive value of active games is considerably increased if some of the older children assist in their organization.

Sometimes Pioneers assume the leadership of pre-school children. Experiments have been conducted in organizing children's playgrounds under the administration of apartment buildings, where specially invited teachers direct the games.

Skiing and sledding are recommended for winter games. It is important that children be taught from the very outset how to use skis and sleds.

Children of five or six are old enough to use skis. The skis should be of the proper size (120 to 124 centimeters) and

have the right kind of bindings. The ski poles should reach somewhat above the child's shoulder. Ski poles should be provided only when the child has begun to make some progress on the skis without them. The child must be taught to move along on the skis in "slides" (without lifting his feet from the ground), and to make turns. When the child has learned the correct procedures for skiing he will tire less easily.



Skiing

Learning to ice-skate is also useful. Skating requires that the child have skill in keeping his balance on a narrow support, and skill in controlling himself, overcoming timidity and the fear of falling.

"Snegurochka" /"Snow-Princess"/ skates are usually recommended for beginners, since they have greater stability, owing to their broad blades and reduced height. The same is true of the type of skate designed by Pokikarpov. Whatever type is used, it is important to see that they are firmly fastened on. Skates should be clamped onto the boot so firmly that there is no movement between the skate and the boot.

In view of the above, it is best when using the "Snegurochka" skates to attach them permanently to the boots. Also, the child must be taught to lace his boots so that they fit tightly around the foot at the talocrural joint.

In teaching children to ice-skate it is best to let them begin on packed snow, and shift them to ice only when they have acquired some confidence on the skates and are skating correctly.

Physical exercises are also important in the rearing of a physically strong and well-developed child. Teachers at kindergartens lead the children in physical exercises every morning, including marching, three or four special exercises for strengthening the arms and the muscles of the chest, plus those of the spine and the stomach. Each exercise is done

from four to six or eight times. Also, the morning exercises include running after one another, or running associated with some game. The session is concluded with more marching. The total time involved is from five to eight minutes. Physical exercises of this kind can be successfully used at home.

Proper preparations must be made for physical exercises. One must select in advance the exercises to be used, practice them several times oneself in order to do them correctly and efficiently. It is important that the children have the proper clothing (shorts, sport shirt, gym shoes). It is a good idea to provide a small rug or mat for exercises done in a prone position. The room should be properly aired. Naturally, physical exercises are most feasible in those households where there are persons skilled in exercises. In our country, where physical exercises have become widely popular, such households are not rare.

In addition to physical exercises based on the foregoing plan, children may be assigned tasks to be performed in the course of the day which are interesting and promote the development of agility, suppleness, and boldness. Such tasks include: crawling between the legs of a chair; running under a rope being twirled by others, etc. One should also observe carefully how the child walks, runs, leaps, etc., and if necessary show him the correct movement.

The Particularities of Physical Education for the Child Upon Entering School

The child's transition from the conditions of home education to the school is a turning point in his life. For the child, school imposes several requirements which are quite new to him, having to do with systematic study and group activity.

All of those habits which the child acquired prior to entering school in the matter of personal hygiene, eating, sleeping, and maintaining orderliness, are especially important for him when he starts to school. A neat appearance, orderliness in the way he keeps his school materials, rapidity and agility of movement, and the ability to socialize with his playmates in team games, give a school child great advantages, and are very important to his sense of well-being and his successfulness. Therefore, in preparing children for school it is essential to devote special attention to the inculcation and strengthening of good habits, being careful to see that they are followed from the very first days of school.

The following schedule, worked out by the Institute of Physical Education and School Hygiene, Academy of Pedagogical Sciences, and approved by the Administration of Schools, Ministry of Education RSFSR, has been established for children in the first and second grades.

The child gets up at 7:00 A.M. From 7:00 to 7:30 he does morning exercises, goes through conditioning procedures (sponge-down, shower), makes up his bed, and washes up. A child who has mastered his physical exercises and is accustomed to doing them rapidly can do all these things in a half-hour and be ready for breakfast at 7:30.

Classroom work at school takes up four hours. Upon his return from school he has lunch (from 1:00 to 1:30 P. M.). After this, there is a rest period of one hour. (Children under seven years of age should nap at this time.)

After the rest period, outdoor play is obligatory: walking, active games and playing, skiing, skating, sledding, etc. The time between 2:30 and 4:00 P.M. is set aside for this. Next the child prepares his lessons (spending from one hour to an hour and a half on them) and then goes outside again. Between 7:00 and 8:00 P.M. he has dinner and free playtime.

The period between 8:00 and 8:30 is taken up with preparations for bed; cleaning his clothes, cleaning his footwear, airing the room, and washing himself. He sleeps from 8:30 until 7:00 A. M.

For children who go to school in the afternoon shift, the day also begins at 7:00 A. M. After breakfast there is a half-hour of outside play, then preparation of lessons, followed by free play and helping the family. Before lunch, from 11:30 A. M.

to 1:00 P. M., there is another period of taking the air (games, playing). After lunch they go to school. Upon their return from school they have some time for free playing, then prepare for bed.

Thus for those children who attend school in the morning and those who attend in the afternoon the amount of time spent in sleeping and the amount spent outside (three to four hours) is the same, as is the amount spent in the preparation of lessons (one hour to one hour and a half). It is essential to see that this schedule is strictly followed by children.

Great attention must be devoted to creating hygienic conditions for children's home activities. The preparation of lessons requires sedentary work; therefore, it is of primary importance to arrange a place where the child can study.

The child's working area (at his own table or the family table) should be well illuminated. The light should come over the left shoulder so that shadows from the writing hand do not obscure the notebook.

The height of the chair and table should correspond to the age of the child. If he must use the family table, a cushion or one or two specially planed boards should be placed on his chair so that the difference between the height of the table and the height at which he sits on the chair is not less than 22 and not more than 27 centimeters. He should have a foot-stool under his feet. The chair should be moved close enough to the table so that it

comes two or three centimeters under the edge of the table.

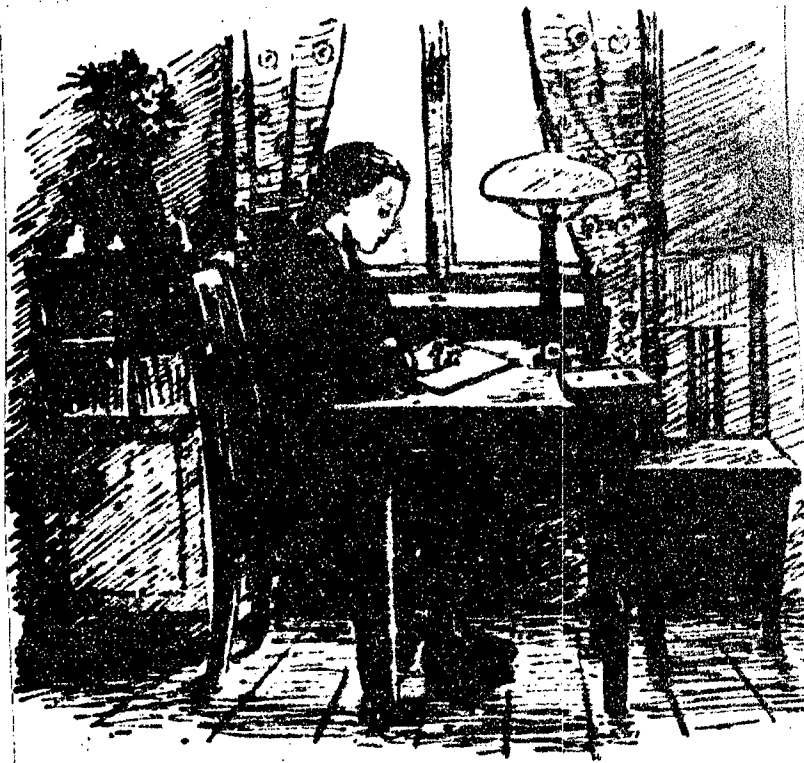
The child should have both elbows on the table. Incorrect posture is one of the chief causes of stooping, drooping of the shoulders, and sometimes even curvature of the spine.

These phenomena are very frequently observed in physically weak children. It often happens that the parents do not notice the child's incorrect posture and it comes to their attention merely by chance; e.g., when visiting the doctor.

A flat chest, drooping shoulders, and protruding ("Wing-shaped") shoulder-blades are not merely unattractive: these deviations interfere with the circulation of the blood and with free, deep breathing.

In combatting these shortcomings it does not suffice to see that the child has the correct posture while studying. One must also observe what kind of posture he has at other times, whether he always carries heavy objects in one hand, etc. It is recommended that school materials be carried in a knapsack on the back, and not in a briefcase or portfolio.

At the same time, it is essential systematically to strengthen the weakest groups of muscles; usually, these are the muscles in the back, those between the shoulder-blades, and those of the stomach. Morning exercises, well and accurately done, have a great effect on posture. In certain cases it is necessary to add a few specially selected exercises.



Proper Posture for Doing Homework

For example, the following exercises are useful for strengthening the back muscles and those between the shoulder-blades:

Lying on the back, with the arms outstretched, raise and lower the upper part of the torso.

Standing, make circular movements with the arms: ahead, behind, overhead, below ("ring").

Standing against a wall, and keeping tight against it, sit down and get up again. (It is advisable to choose a wall

with no baseboards.)

For purposes of strengthening the abdominal muscles, several exercises can be performed on a mat. For example:

Lying on one's back, with legs outstretched, bend the legs at the knees, bring them up to the stomach, and stretch them out again ("short and long legs").

From the "lying on back" position, try to raise oneself to a sitting position without letting the legs leave the floor; and then lie down again.

From the "sitting, with crossed legs" position, bring oneself to a standing position (if possible, without moving the arms).

Naturally, not all of the above exercises are performed one after the other. The idea is to select from two to four exercises, each of which is performed no more than four or five times.

Physical exercises can also be of help in combatting falling of the arches, which is frequently observed at this age.

At first scarcely noticeable, but easily corrected if observed, falling of the arches can lead to well-defined platypodia, which is a serious defect and difficult to correct.

Strengthening of the foot muscles is achieved by the general effect of various physical exercises, and also by the use of several specially selected ones (flexing and unflexing the arch, rotating the foot, walking on tiptoe for from one to three minutes). If the mother suspects her child may have flatfoot she should consult

a doctor.

Also, special attention should be devoted to the child's footwear. Shoes should fit well, should not pinch the toes, and should support the arch. Sandals, which have a flat sole, are not recommended in the case of platypodia. In the summer it is a good idea for the child to go barefoot.

Active games have a general strengthening effect on children in the first and second grade group.

The games and physical exercises for school children offer more diversity than those for those of pre-school age. Young school children are likewise eager to play ball, skip rope, and roll a hoop with a stick or with one hand. But in addition to this, they set themselves more complicated tasks: clapping the hands three times (either in front or behind the back) before catching a ball thrown into the air; rolling a hoop between two poles stuck into the ground without hitting either of them; etc. And they also play new games involving a division into teams, with more clearly manifest elements of competition. These games include lapta [a ball game], gorodki [a kind of skittles], "Day and Night," and various kinds of relay races. School children take an interest in sports at the stage where they are still "athletic amusements." It is essential to encourage the interest school children take in skiing and ice-skating, and to teach them to ski and skate in such a way as to observe all the rules for beginners.

In the summer, when the weather becomes such as to permit of it, one should teach children to swim, and take them on hikes, while not overtiring them but rather following the norms established for the age group in question. (The overall length of hikes taken by children between the ages of seven and nine should not exceed six to eight kilometers per day.)

The maintenance of close contact with the teacher and the school doctor enables parents to solve problems which would otherwise be unclear to them. It is important to know from the very beginning what instructions the child receives at physical exercise lessons, and what games and types of sports should be encouraged, on the basis of the child's age and state of health.

The rearing of a healthy and physically well-developed child demands friendly cooperation on the part of both the family and the school.

Basic Questions Which Must Be Especially Emphasized

1. What is the importance of a correct regimen in the health and development of the child?
2. The role of conditioning in the health of the child, and methods of conditioning children.
3. Active games as a means of promoting the physical development of the child.
4. The particularities of organizing the schedule of a child entering school.

Fourth Lecture

Rearing the Child at Home

N. R. Eyges

The Influence of the Family on the Rearing of the Child

The Communist Party and the Soviet Government devote a great deal of attention to the education of the younger generation.

In our country, every passing year sees an increase in the appropriations for maintaining nursery schools, kindergartens, schools, Pioneer camps, and various educational institutions.

Hundreds of scientific research institutions, physicians, and teachers carefully study the large particularities of children in order to select the most improved forms and methods of education.

These investigations are based on the teachings of I. P. Pavlov, the great Russian physiologist. In his works he showed that the development of a living organism is the result of its interactions with the environment. Therefore, in the development of a person's characteristics, the chief role is played by the conditions under which he lived beginning in childhood and the influence exerted on him by his environment.

External stimuli are apprehended by the human organism through the nervous system. The latter begins to develop in the child from

the very first days of his life. It is easy to see how rapidly this process takes place if one remembers how helpless the child is when he is first born, and what he is by the age of three. In the course of this period the child learns to walk, run, and talk. But all these things must be learned by the child. If he were left to himself during all this time -- if he were not trained from his very first days of life on -- his development would proceed at a much slower pace.

The rearing of the child is not only a personal and private matter for the parents, it is their duty to the nation: a matter of great importance to the state. The family and the family milieu play an important role in developing the personality of the child. The foundations of communist education, and of the labor skills of a future citizen of the land of the Soviets, are laid in the family.

The parents must have a good knowledge of the age particularities of the child; they must know what he should become accustomed to at various ages.

In our country, parents have ample possibilities for availing themselves of literature on rearing children, and of consultations with doctors and teachers. So-called "parents' lecture bureaus" have been established at many schools and child care institutions; and special series of lectures and reports have been organized.

The Schedule

The correct organization of the child's life -- the correct daily schedule: the division into times for sleeping, eating, playing, active waking hours; i.e., the regimen -- is indispensable to the child's health. It also promotes the child's all-around development and organized behavior, and his correct education, preparing a valuable future member of the communist society.

The child who since his earliest years has become accustomed to a definite schedule, will in his school years -- and especially as an adult -- become an organized person: he will not waste his time; he will be accustomed to a correct alternation of work and relaxation, fully utilizing each hour and each minute of the day.

A strictly followed schedule inculcates discipline even in early childhood. It strengthens the will, increases a person's working capacity, and preserves his strength and capacities for creative activity.

When on a correct schedule, a child eats better and goes to sleep easily, so that the parents do not have to rock him to sleep or sit next to the bed until he goes to sleep.

From the very first, the child must be fed at strictly established times, as recommended by the doctors at the consultation center: every three hours at first; then, after the age of three

months, every three and one-half hours, with a six or seven hour interval at night. After the age of five or six months the child is fed every four hours, with an eight-hour interval at night. When on such a schedule, the child wakes up for feeding at definite times; and by the time he is to be fed, the gastric juices required for digestion have already been secreted, and he has a good appetite. After the age of one year, children are fed four times a day. This feeding schedule is basically adhered to for children of school age.

Many mothers feed their children just before bedtime so that they will go to sleep after breast-feeding. This is of course incorrect. An infant should be fed after he has awakened and is in a cheerful mood, when he will eat better. A well-fed child plays and moves about energetically; and when he is tired he goes to sleep easily, and sleeps until the next feeding. But a child fed just before he goes to sleep will awaken an hour and a half or two hours before the next feeding. And while he is awake he will be hungry, and consequently irritable, which often compels the mother to break the feeding schedule and feed him earlier than she should.

A child should not be fed between midnight and 6:00 A.M. This is important for the correct digestion of the child's food and also to accustom him to sleep quietly through the night, and to enable the mother to get sufficient sleep.

Some mothers arrange a six-hour break in feeding, from 9:00 P.M. to 3:00 A.M. This is wrong, since under this schedule the

mother does not get enough sleep and the child becomes accustomed to waking up at three o'clock in the morning.

Children accustomed to a correct schedule from the very beginning are always well-disposed. They do not scream for their feeding, and they cause no anxiety to the nursing mother.

If a child accustomed to a correct schedule nonetheless proves restless and cries a great deal, it means that he is not in good health, or that the mother does not have enough milk.

Sleep is very important to the health of children: for their well-balanced state and good disposition.

The nerve cells in the brain of a child are very delicate: they tire rapidly from the impressions received from the environment. Depending on the child's age, this nervous fatigue is manifested in different ways: the infant will not go to sleep easily; will cry a good deal before going to sleep; will sleep badly, waking up and crying; will eat badly; and will manifest general weakness and sluggishness. Older children become irritable and subject to sudden whims, do not sleep long, and seldom sleep well in such cases.

When the sleeping schedule is disturbed, children of school age become absent-minded during classwork in school, respond to discipline poorly, are not even-tempered, are rude to their playmates, and are not polite toward adults.

Parents should be familiar with the age norms for sleep required for the full restoration of a cheerful, active state of mind.

For example, according to the figures provided by Professor N. M. Shchelovanova, a child of two months should sleep 16 or 17 hours in the course of a full day; children from five to nine months should sleep 14 to 15 hours; those from nine months to 18 months should sleep 13 hours and 30 minutes to 14 hours; those three years old should sleep from 12 to 12 hours and 30 minutes; and those from six to seven years of age should sleep from 11 to 12 hours.

It is very important that the parents know for how long their child can awake and active; i.e., not sleep and yet be in a good mood, active, and not tired. For example, a child of three months can remain awake and active for ninety minutes at a time. Gradually, as age increase, the period of remaining awake and active lengthens. Thus a child between the ages of five and seven months plays happily for two hours at a time. Between seven and nine or ten months, a child should nap three times a day, for an hour and a half to two hours before each feeding, and remain awake and active no longer than two and a half hours. But beginning at the age of nine or ten months a child can remain awake and active for three to three and a half hours without tiring, and nap only twice in the course of the day. This schedule is followed until the child is 18 months old. Then, and not until then, should a child be napped only once a day. A child weakened by illness, or a premature child, should take two naps daily until the age of 20 months. Those parents

Who reduce a child's naps to one a day when he is scarcely one year old are committing a serious error. It is true that in this case the child will nap about three hours at a time; but the waking period between naps becomes so long (from five to seven hours) that it inevitably leads to nervous fatigue, manifested in sudden whims, poor appetite, and poor sleep.

Between the ages of 18 months and two years a child can stay awake and active for five to six hours without tiring. At night he should be put to bed no later than 8:30.

The child's waking hours should be occupied in playing in his crib, by himself, playing with adults and, when out for a stroll, playing with his age cohorts.

The daily airing should also be taken at a specific time in the daily schedule. Children more than one year old should not only sleep in the open air but play outside in cold weather. This promotes the normal development of the child.

Thus from the first years of its life the child begins to become accustomed to a schedule, so that at school age he becomes more organized and orderly, learns correctly how to alternate work and relaxation, and utilizes the time of day to some purpose.

How To Feed a Child

Beginning at the age of five or six months the child should be taught to eat with a spoon. He does not learn this right away.

When a child is nursing, his tongue is held against his palate; but when he eats with a spoon his tongue must not be held in that position. Therefore, teaching a child to eat requires patience and persistence. One should not start too late, otherwise the child will long retain the habit of sucking only, and in the future he will refuse the necessary variety of food.

At the age of eight months the child begins to drink out of a cup, and from the age of ten months on he begins to chew more solid foods. Certain mothers give their children the breast at any time in order to quiet them, put them to sleep, or indulge them. As a result the children refuse the feed they require, demanding only breast-feeding, which is harmful to their development.

Such children have a very hard time of it when weaned, whereas gradual weaning can be accomplished almost without the child's noticing it.

Those parents who do not feed their child at definite times, or who give him bread and sweets between meals, are making a bad mistake. This lessens the child's appetite, and the food is poorly assimilated, since the gastric juices are secreted in adequate quantity only at regular feeding hours.

Parents whose children have poor appetites suffer a good deal. The cause of a poor appetite, apart from illness, is incorrect behavior on the part of the parents.

Sometimes a mother, in a hurry to feed her child, will stuff

spoonful after spoonful into his mouth without waiting for him to chew and swallow the food and then reach for the next spoonful himself.

This kind of feeding, when the child has a spoonful of food stuffed into his full mouth, or when he is fed by force, the spoon being forced between his closed lips, is very painful to the child. He develops a fear of the spoon, a fear of mealtime, and an aversion for food in general. His negative attitude toward eating may remain with him only a short time, but then again it may develop into a symptom of illness. There are cases where children begin to vomit at the mere sight of food being prepared.

Children are very strongly attracted by everything going on around them, and hence should be fed under quiet circumstances, with the radio turned off, the arrival of outsiders avoided as much as possible, etc.

If the child chews his food for a long time without swallowing it, he should be given kisel, juice, or stewed fruit with which to wash down thick cereal or pudding.

Frequently, when a child has a poor appetite his parents are unable to conceal their anxiety, which is then transmitted to the child, so that he has even less appetite. Moreover, children of two or three are, as it were, flattered by the anxiety of the adults which they have provoked, and try to maintain it: eating becomes a stormy scene which tires both the adults and the child.

In order to stimulate the child to eat more, many parents are

in the habit of using all kinds of persuasions: "Eat what papa eats," "Eat what Mamma eats," "Just one more bite," "Eat, or we'll give the rest to the cat," "We'll give it to Sasha"(the other child), etc.

Sometimes the parents start with sweet persuasion and promises and end up with shouts, threats, and slaps, driving the child to tears. Finally, they may begin to calm the child by means of little jokes or stories; and they sometimes succeed in distracting him to such a point that he eats mechanically, almost as though oblivious, swallowing spoonful after spoonful.

These practices are incorrect from both the physiological and the educational viewpoints. When a child is eating, his attention must be concentrated on that process: this improves his assimilation and creates in him the habit of eating well.

It is wrong to provoke greed in a child so that he eats merely to prevent the cat or another child from getting the food.

While the child is eating the behavior of the parents should not be such that the child gets the idea that his poor or good appetite constitutes, as it were, the center of attention for those around him -- the source of their joy or sorrow -- or that, once he has eaten his soup and cutlet, he will get some reward.

A child eats better if early in his life, even in his second year, he is allowed as much independence as possible. This makes eating interesting for him.



A Child Eats Better if Allowed His Independence

He concentrates his attention on his food; and it really does not matter if he leaves some of it on his bib or his face. If moreover the child does not allow others to feed him, but cries "Myself!" one can in the early stages supplement his self-feeding by feeding him with another spoon, doing it in such a way as not to lessen his independence.

Adults must not interfere while the child is eating. If he is already eating by himself, he should not be urged on or hurried. Instead, it is best to keep some distance away and observe him from there.

There are several proper preparations for mealtime which make for a good appetite. A child of about three years of age should do the following before sitting down at the table: wash his hands, dry them on a towel, hang up the towel, get his

own bib or napkin, bring his own plate, spoon, and bread, and sit down at his regular place at the table. These preparations for mealtime put him in a mood for eating and unquestionably stimulate his appetite.

Thus the following rules should be followed in order to stimulate a good appetite in a child:

- 1) Organise a proper feeding schedule.
- 2) Create quiet conditions before and during mealtime.
- 3) Teach the child to eat by himself early in life.
- 4) Give him varied and tasty food; do not give him anything between meals.
- 5) Give him his food in a pretty dish; the kind of food, and its smell, stimulate the appetite.
- 6) If the child does not swallow his food well, give him liquid sauce with his food, or let him wash it down with something: the juice from stewed fruit, kissel, milk, etc.

How to Put a Child to Bed

In order for sleep to be completely restful, the child should be put to bed only at a definite, scheduled time in accordance with his age. One should not start noisy games with a child just before bedtime; nor should one indulge him, give him new toys, or arouse his temper. The presence of company and loud conversation stimulate a child, and he will not be able to go to sleep for a long time, even

if he is put to bed on schedule.

The most important fact in getting a child to sleep easily and soundly is cool, fresh air. Small children should be napped, even in cold weather, in the fresh air (on a balcony, in the yard) or in a room with an open casement window. At night the room where the child sleeps should be well aired. It is advisable to take the child for a stroll after dinner. The room where the child sleeps should be free of bright light, noise, etc.; the radio should be turned off, otherwise the child's normal sleep will be disturbed.

Quiet play in which no adults participate, helps the child to go to sleep easily, and to sleep soundly. This includes playing with building materials, blocks, toy bricks, pyramids, or matreshka /?. It is a very good idea to give the child a box containing large buttons of different kinds. The child will dump them out, arrange them by size and color, and in the process become quiet and sleepy.

By the age of two or three the child should be taught to pick up his toys before going to bed, undress himself, lay his clothes in a neat pile, and get into bed himself.

These preparations, if regularly repeated, put the child in a receptive state for sleep. He becomes accustomed to the fact that at a certain time his "working day" is over and it is time to rest.

Inculcating Habits of Neatness and Cleanliness

By means of accustoming the child to certain definite tasks one can easily develop several habits of neatness and cleanliness in him. First of all it is essential to teach the child the necessity for being clean.

As we know, many diseases have their cause in the fact that microbes penetrate into the human body. There they multiply, and give rise to various diseases. Microbes reach the stomach through the agency of unboiled water, food prepared in dishes which are not clean, and unwashed fruits and vegetables. Unwashed hands are also a source of disease.

When the child is still an infant in arms it is too early to develop hygienic habits on his part; but the fact that the child's body is kept clean -- frequent washing, bathing, and other hygienic procedures performed systematically -- creates the prerequisites for this.

Mothers often complain that their children will not allow themselves to be washed or bathed. This is the result of incorrect methods. It is important to see that all procedures -- washing, bathing, diapering -- are the source of pleasant sensations for the child. If the child gets soap in his eyes, or if he chokes while being washed under a powerful stream of water, if the water is cold, or if it is too warm, the mere sight of the bathtub will cause him

to grow nervous or to cry. A solicitous and tender attitude toward the child, and the proper water temperature, make for pleasant sensations, and the child will have no objections to being washed or bathed.

Also, one must be skillfull in washing a child. One should roll up his sleeves so that they are not dampened, hold him in a convenient position, and wash his hands with water at room temperature.

At the age of two the child should be given the opportunity to wash himself. He should be taught how to wash his hands with soap and should be shown where to scrub hardest. If the child is washed in the morning and before bedtime every day, and if his hands are washed before every meal, it becomes a habit with him, so that when he hears that a meal is being prepared he will voluntarily go to the wash-stand.

Children should be accustomed to having their nails trimmed and their hair combed when very young. This should be done regularly and carefully, without hurting the child.

Children of kindergarten and school age should brush their teeth every night before going to bed. At first the child will have to be reminded of this, but after a while he will acquire the habit of brushing his teeth regularly by himself.

A child should eat only when seated at the table in a place specially designated for him. Very young children should have bibs so as not to soil their clothing. At age three they should be using a napkin.

Children should be taught to be neat when eating. They should eat in such a way as not to get food on their faces, not soil the table, and not spot the table-cloth. For this purpose it is best to put a piece of oil-cloth under the child's plate. The child should not eat food which has fallen on the table. After eating, he should wipe his mouth with his napkin; and when he gets up from the table he should say "Thank you."

Unfortunately, instances are still encountered where a mother will buy fruit or sweets on the street and give them to her child immediately. It is wrong to let a child eat unwashed fruits and vegetables on the street, with unwashed hands. From the very outset, the child must be taught to eat only washed fruits and vegetables. This helps the parents to protect him from many diseases.

The child must be taught to keep his toys and personal possessions in an orderly manner. Before going to bed he should put his clothes in a neat pile on a chair; and he should never get into bed while still dressed. One must be careful to see that when the child comes in from outside he wipes his feet, takes off his galoshes, and his outer clothing. In a child of two and a half to three years this habit can be developed into something the child

will do himself as a matter of personal requirement; but in the meantime, the parents should watch the child constantly and remind him when he forgets, requiring him to be neat.



A Child Hanging up Her Coat

There is the case, for example, of a little boy named Andryusha, aged two years and eight months, who always took off his rubbers in the entrance hallway, and reminded his brother to do the same. His parents bought him some felt boots. One cold day, when he came in from playing, he spent a long time rubbing one

foot against the other, trying to take off his non-existent rubbers, until he was reminded that he was wearing felt boots which had to be removed and placed on the radiator to dry, after which he should put on slippers.

From early infancy, children should be taught to keep order in their rooms. As early as the second year, they remember very well the arrangement of things in their rooms and want to see everything in its proper place.

The child should have a hook for his towel, overcoat, etc., and a particular place for his napkin, toys, rubbers, and felt boots.

Parents should set an example of neatness for their children. In the morning, immediately after getting up, the mother should make up her bed and that of the young child in question, while any older children of kindergarten or school age should be taught to make up their own beds.

It is obligatory for children of school age to keep their study desk and schoolbags neat, and to clean their clothing and footwear.

It is extremely important to teach a small child to ask to be put on the chamber pot. The child should be taught to use it at the age of six or seven months. He should always be put on the pot before bedtime, when he wakes up, and at definite times during his waking hours. Under these circumstances he soon develops the corresponding habit and will himself remind the adults of his needs.

All habits of neatness and cleanliness acquired in childhood become fixed and lasting.

The Work and Play of Children

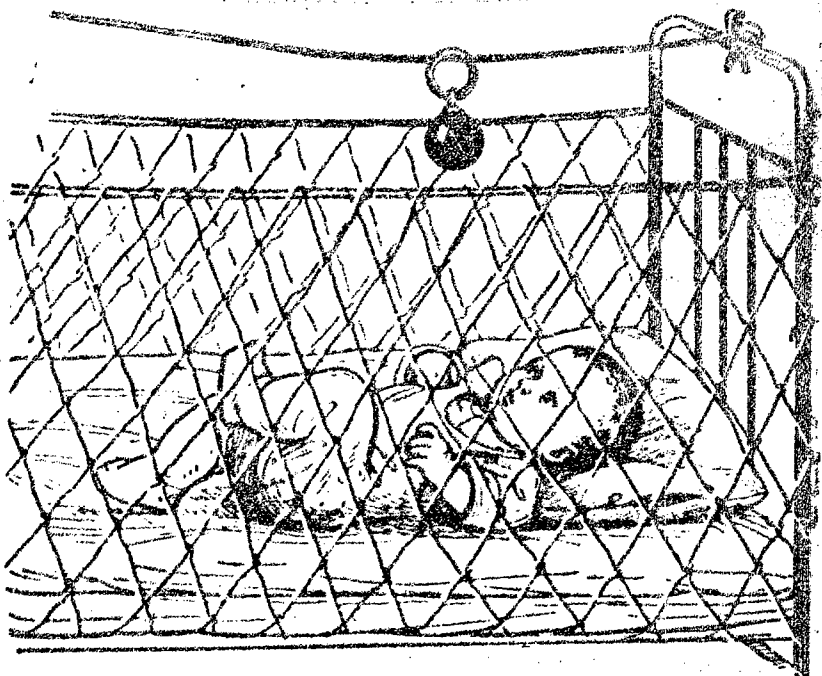
From early childhood, children should be inculcated with a constant aspiration toward vigorous activity. The child should always be engaged in playing, and should never be allowed to grow bored for lack of something to do.

A healthy child needs to be playing some kind of game at all times. The great Russian writer, Gorky, said: "...games are the child's way of understanding the world in which he lives and which he will have to change." (M. Gorky, "On Youth and Children." Molodaya Gvardiya Publishing House, 1938, pp 72 and 149.)

Playing makes a child happy and joyous. He can move about, and he can laugh loudly — something very valuable for him. A good mood makes for the optimum vital activity of the entire organism of the child, normal blood circulation, respiration, and digestion. When a child of three or four months is in his crib or carriage, he should have toys hanging above him. In playing with them he acquires the skills appropriate to his age, and a certain life experience.

At the age of seven or eight months, seeing brightly-colored toys at some distance from him, the child will teach himself to crawl towards them, making several new movements. Or, seeing

his toys on the divan or on a chair, he will pull himself to his feet to get hold of them. A child of one year, in the course of feeling objects and touching various things -- warm, cold, hard, soft, light, heavy, etc. -- acquires a good deal in his development. After the age of one year the child's hands begin to become more skillfull: he can open and close matreshki /? and boxes, put rings on spindles, etc. Between the ages of 18 months and two years he begins to play with dolls, teddy-bears, and toy dogs. In playing with toys of this kind he enriches his experience of life: he feeds them, puts them to sleep, and talks to them. After the age of two the best playthings for children are building materials such as blocks and toy bricks; and the bigger they are, the better. Whereas two-year-old children only put one block on top of another, older children build specific structures with them: a house, a garage, a train, etc.



When the Child is Three or Four Months Old,
Brightly-Colored Toys Should Be Hung above

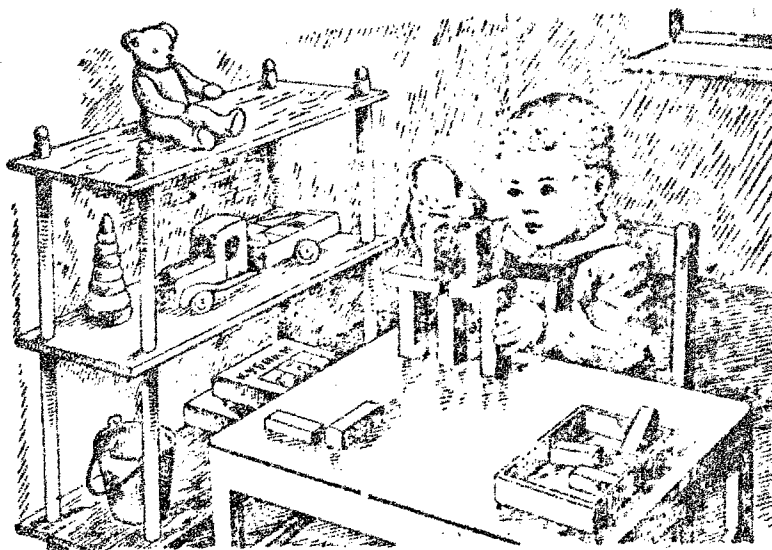
His Crib

Parents should remember how much children gain from playing, and should deliberately foster it: they should bear in mind the child's age particularities, development, and interest when buying toys. Once they have bought a toy, they should show the child the best and most interesting way to play with it, and help him to make the game meaningful and varied. They should get into the spirit of the game and be patient with the sometimes restless activity of the child, who is trying to include all of his surroundings in the game. This does not mean that they should always

play with the child. It is equally important to teach him to find things to do on his own initiative, and play by himself.



At Seven or Eight Months the Child Crawls toward
His Toys



A Child Playing in His Corner of the Room

It is essential to set aside a convenient place for the child to play in. All of the toys and other objects with which the child plays should be assembled in his corner of the room. In no case should his toys be dumped into a chest. The adults should assist the child in putting his toys in order: collecting individual parts, arranging them on the table or floor. This develops habits of orderliness in the child, and puts him in a mood for playing.

It frequently happens that parents rearing an only child will transform the process into a kind of amusement or entertainment, indulging the child in everything. Under such circumstances it is difficult to rear a useful member of our society. Children so reared develop into egoists who are poorly adapted to life and work.

When there are several children in the family the situation is totally different. Under these circumstances the children more readily manifest feelings of collectivism, comradeship, mutual attention and solicitude.

When still young, children should be given tasks consonant with their abilities and development which are interesting and meaningful for them. They should be able to do the following by themselves: dress, undress, button up their clothes, pick up their dishes after eating, hang up their clothes or put them in their proper place, and pick up their toys. A three-year-old girl named Tanechka was heard to say very happily: "I even buttoned up my own undershirt in the back!" Children should have tasks of their own as members



Children Should Be Given Little Tasks to Perform

of the family collective: feeding the dog outside, feeding chickens, watering flowers, feeding the bird in his cage, bringing him water, etc. Children like to help adults in their work, and parents should not prevent them from doing so.

Unfortunately, however, there are still families who misunderstand and underestimate the great importance of early training in work for children. The following is one example of this.

Alik is eight years old. While his parents are at work, his grandmother is in charge of the household. In the morning she collects Alik's books and notebook, puts them in his school bag, puts on his overcoat for him, puts his cap on him, ties his scarf, cleans his rubbers or his felt boots. When he plays out in the yard

she sits on a bench and admonishes him about everything: "Alik, don't run. You'll get into a sweat! Don't get your new suit dirty! Don't go far away!" The child's mother and father see nothing to be disturbed about. But is a pampered child like this fit for life or work? Already the other children are stronger, faster, and more ready-witted than Alik in the games they play.

Obedience

In families where the parents constitute the authority for the child, the problem of obedience does not arise. However, one frequently hears complaints about disobedience on the part of children. What are the causes of this situation?

To obey means to do what one is told and not do what is forbidden. A small child's will is not yet well developed: he cannot control his desires, and he does not think out his acts in advance. If he sees an interesting object he seizes it without thinking of the consequences.

In order to have an obedient child, parents should be well informed on the child's age particularities.

They should not demand of a small child that he sit still and not run about. Children are usually very active and cannot remain long in one position. Therefore one should not constantly shout at them, as some parents do: "Don't climb! Don't pick that up! Don't bother me!" It is best to hide things which the child must

not pick up: they should be put in a high place where he cannot reach them. One mother related: "We tried to keep things picked up so that Fedya (16 months old) couldn't get his hands on things he shouldn't have. We hung the medicine cabinet and the bookshelves up high, and locked the sideboard and the writing desk."

When forbidding a child to do something one should tell him quietly but firmly, "You mustn't do that," looking him in the eye and trying to get his attention. Afterward, one should make sure that he does not do what was forbidden. Some mothers, coming into the room and seeing the child in dirty shoes crawling onto a clean bed, will shout: "Don't you dare crawl on the bed!" After which they will leave the room without doing anything about it. Will a child obey such a mother? Naturally not.

One should forbid a child to do only those things which are harmful to his health (eating unwashed vegetables, drinking unboiled water, etc.) or things which are dangerous to him and those around him (going near a wall, lighting matches, playing with sharp objects), or which make extra work for the adults (dirtying a room, scattering things, coming into the house without wiping his feet). One must explain to the child that he should not fight, insult other children, bother adults when they are busy, awaken his father when he is napping after work, etc. However, in forbidding something, all members of the family should cooperate; and they should be firm and not make concessions. If the mother forbids something, the father

or grandmother should not then allow it.

The number of things forbidden should be few, so that the child can remember them.

Mila G. is a little girl 18 months old. Her mother once told her, very seriously and strictly, "You must not touch the clock on the table by the bed. No, no!" The next day the little girl came up to the bedside table and, waving her finger, said: "No, no!"

Serezhe Ch. was given plainly to understand that he should never touch anything on his father's desk. And from that time on, his father's desk was for him inviolable.

Such is the way some children react to an interdiction from their parents. But one should realize that a single warning does not always produce positive results. Such being the case, one must always be consistent and persistent in developing obedience in a child.

A lack of attention to the child on the part of the parents can often result in disobedience. For example, the child does not obey, and does not want to go and wash his hands or take a bath, because these things have unpleasant associations for him. It may be that the adults have forgotten on some occasions to roll his sleeves up properly, so that they get wet, and this is unpleasant for the child. Or perhaps soap has got into his eyes; or he has got under a strong stream of water while being bathed, so that he choked and became afraid. If the mother, even on a single

occasion, is so negligent and careless as to make things unpleasant for the child, the next time she asks him to wash himself or take a bath he will not obey, but instead (almost unvariably) he will say: "I don't want to."



Playing with Water

If the child is attracted by something which is not harmful to him but which involves extra work and trouble for the parents, should it be forbidden to him?

Let us consider an example. The mother is going shopping. She is in a hurry, because she has a lot to do at home; but her child, whom she has taken with her, stops in front of a toy store. He strains toward the window, trying to stop his mother, who is holding him firmly by the hand and trying to hurry along the sidewalk.

What should she do? Should she compel the child to overcome his natural desire, and not stop in front of the store window? There is hardly any possible solution to this problem which can be reached in a peaceful manner, and threats will scarcely do any good. The usual result is that the mother shouts at the child, pulls him along by the hand, etc.

The gain in time is questionable, but the damage associated with any employment of force is incontrovertible. The mother should keep her self-control, be patient, and let the child look at the toys. If, however, it is absolutely indispensable that the mother lose no time, she should use foresight and choose another route -- one on which the child will not encounter such irresistible attractions as toy stores.

Here is another example. One particular mother complained to us about her children -- a girl of two years and eight months, and an eight-year-old boy. "The little girl never wears out. She gets into everything, and interferes with my work. The boy is never home. He is always outside, or at a friend's house. We never see him." We visited the mother at her home. Her apartment was clean and comfortable. This is of course a good thing. The trouble was that all this solicitude for neatness was in the interests of the adults only. From the looks of the apartment one could not tell that there were any children in the family. There was no corner where the children could keep

their toys and books -- where they could play and entertain their friends.

This example shows that the interests of the children should not be sacrificed to neatness and comfort. If the mother had given some thought to arranging things in the apartment so that the children would have what they needed for their occupations and games, the boy would have been content to play, read, or keep himself busy some other way in his own home, and he would not have had fights with the little girl.

Parents have the obligation to see that an interesting and attractive life is arranged for their children, even in one room; and, what is especially important, they must choose for them an appropriate group of friends consisting of two or three of their coevals.

Thus we see that in many cases the disobedience of the child arises from the fact that the parents are forgetful of the child's special requirements and natural interests, the satisfaction of which should not be obstructed. These interests and requirements must be accorded the greatest attention, and should be met whenever possible. This prevents conflicts between parents and children and creates an atmosphere of trust between them, which unquestionably has value for both the mental and physical development of the child and for the formation of his character.

It does not suffice to compel the child to avoid doing what he

"mustn't." It is no less important to teach him to do what he "must." The child should cooperate readily when told: "We have to go home now," "Go and wash your hands," "Pick up your toys," etc. Frequently children react to these commands with a stubborn, "I don't want to." In this case, an explanation

as to why the thing in question is necessary, will have the desired effect on a child of three or four.

But persuasion is effective only when good relations and complete mutual trust have been developed between the child and the adults. This is possible only when the child knows from experience that his parents will give due attention to his wants and requirements, and that if they insist on something, it means he must really obey. Under such circumstances an adult can, through love and persuasion, get the child to do anything that is necessary.

Preventing Nervousness in Children

Many parents complain that their children are nervous. The child is capricious, easily excited, and cries over nothing. He cannot keep himself occupied. He badgers the adults all the time, wants everything he sees, and if it is refused him, he screams, sometimes throws himself on the floor, stomps his feet, etc.

Mothers are especially alarmed by unexplained screaming on the part of an infant in arms. In such cases, if the mother is convinced that there is no visible cause for the screaming, and

if the doctor has ascertained that the child is healthy, the mother should not react to the screaming. She should not rock the child, put a soother in his mouth, ^{or} carry him in her arms, feed him ahead of time in order to quiet him. Otherwise he will early acquire the habit of getting everything he wants by screaming. Incorrect methods are successful in quieting a child for only a short time.

It sometimes happens that older children, who are habitually well-behaved, happy, and cheerful, suddenly become nervous and disposed to crying.

If one observes carefully it is not difficult to discover that in most cases such a sudden change in the child is due to illness: it frequently happens that after a light case of flu a child will eat poorly, cry often, and behave capriciously. In such cases one should be patient and not be rankled by his whims, but rather give primary attention to strict observance of the established schedule in accordance with the child's condition and his age: putting him to bed on time, feeding him correctly, and taking him out for strolls.

Nervousness, capriciousness, and flighty behavior in a child are often the result of over-excitement when the parents take the child shopping, to the movies, or to the homes of friends where there is a good deal of talking and noise. In such cases the child has difficulty in getting to sleep, cries frequently, and becomes nervous and capricious.

One should try to understand the causes of a child's capriciousness; and when they are understood, to eliminate them.

For the most part, the causes of disobedience and capriciousness on the part of children can be found in mistaken rearing.

Certain families still employ totally wrong methods of rearing children: methods which must be decisively rejected because of their extremely harmful effect on the health and character of the child. It scarcely needs to be demonstrated that physical punishment is inadmissible. Not only does it have a harmful effect on the child's nervous system, but it outrages and angers him.

A child should not be punished by being shut in his room, being made to stand in a corner, deprived of favorite food, etc. These methods serve no purpose. As we have already noted, a small child thinks very little about his acts beforehand. For example, if he hears the cries of other children he will run out into the hall, although his mother punishes him for it. If he sees candy, he will reach for it, even though it has been forbidden. A child does not fully understand the connection between his behavior and his punishment. All he sees in the latter is that his parents have used force on him.

A child should not be frightened even in a game. For example, he should not be told a bedtime story in which there is a frightening old man who puts him in a bag, a big dog who eats him, etc. The trembling caused by fright can have a serious effect on

his nervous system. He may begin to stutter, develop a nervous tic, or become afraid of the dark, of loud sounds, or of the room itself when there is no one there.

One should not deceive a child, as adults sometimes do. For example, when about to give him castor oil, they will say: "Here. Eat this good jam." Or again, when the mother is gone for the whole day the nurse's assistant at the nursery school will say, "Mamma has gone for candy." Or when about to give an injection: "Auntie's just going to look at your back." The result of all this is that the child loses confidence in the adults: he expects some potential danger from all sides. This constant vigilance makes a child nervous. It is much better just to tell the child, even if it makes him cry, that Mamma will come when he has finished playing, eaten, and taken his nap; that he must take his medicine; that it is necessary to prick him for the injection, but that Auntie will not hurt him very much. All promises must be unfailingly kept.

Whereas roughness and harshness on the part of adults are absolutely inadmissible toward a child, excessive shows of tenderness and effusive affection are likewise strictly to be avoided.

If the child is constantly coddled, if the parents go into raptures over every word he utters, if he is shown off to relatives and friends, if his parents go into ecstasies over his intelligence, if they show excessive anxiety when he makes a slight mistake, and do not allow him to make the least effort, the child

will develop many negative traits. A "pampered" child is almost never capable of concentrated, independent play. He cannot withstand the slightest pain; and any unpleasant sensation produces tears and screaming. He lacks boldness, initiative, and skill in his movements. He does not play well with other children because he is used to being the center of attention on the part of adults, whereas in order to get along with his playmates he must be able to stand up for himself and also yield to others when necessary.

Nervousness in a child is often a result of the fact that he unyieldingly demands the impossible. It may happen that the object itself is not really necessary to the child; that the importunate demanding simply manifests his habit of getting what he wants by screaming.

Parents should analyze the cause of such extreme nervousness in their child to see whether it is not perhaps the result of over-fatigue, over-excitement, an improperly arranged schedule, or illness.

Knowing how strongly their own behavior influences their child, parents must make demands upon themselves and their behavior, and avoid harshness and roughness in their dealings with others. If a child grows up in a peaceful family atmosphere and sees that the adults are respectful, solicitous, and attentive in their relations with one another, he will follow their example.

Good relations between parents and a peaceful, harmonious

family atmosphere make for the development of good moral qualities in the child.

From the foregoing it is evident that the rearing of a child is a complex and responsible task. Success in coping with this task is possible only if the parents devote a great deal of attention to it and have a thorough knowledge of the particularities of the child's development. The foundations of character are laid in childhood. And the child's subsequent development depends largely upon how he was reared when young.

A harmonious, organized, hard-working family is the basis for good child-rearing.

Basic Questions Which Must Be Especially Emphasized

1. The role of the family in the rearing of a child.
2. The importance of a correct schedule corresponding to the age requirements, in child-rearing.
3. The basic rules for feeding a child.
4. Methods helpful in getting a child to sleep quickly, and helping him to sleep soundly.
5. How to inculcate habits of neatness and cleanliness in a child, and how to organize his work and play.
6. What things make for obedience in the child.
7. The chief causes of nervousness in a child, and how to prevent it.

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FOR REASONS OF SPEED AND ECONOMY
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